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(Re	questor's Name)	
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(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		BROTHERS HA LLC	٠	
SUBJEC	-li	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase re	turn all correspo	ondence concerning this matter	to the following:	
		HAKAN KAYA		
			Name of Person	
		STONES BROTHERS HA	ALLC	
			Firm/Company	
		7480 Red Crane Lane		
			Address	
		JACKSONVILLE, FL 322	2.56	
		hakan.kaya2016@gmail.co	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furth	er information c	concerning this matter, please c	all:	
HAKAN	KAYA		904 651 4417 at ()_	
•	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for tl	he following amount:		
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration Sec	ction
	Division of C		Division of Con	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

v appears on our records.) npany)
1 on 06/03/2019 and assigned
oany here:
y," the designation "LLC" or the abbreviation "L.L.C."
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P 1
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P 111
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₩.
n our records, <u>enter the name of the new register</u>
nter Florida street address
, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ALTUG SARIKAYA	8290 GATE PKWY W, 176	
		JACKSONVILLE, FL 32216	■ Remove
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blo	ck does no	ot meet the	applicable	ate of filing statutory	or more than iling requi	90 days afte ements, th	er tiling.) F nis date w	Pursuant to ill not be	605.0207 listed as
ocument's effective date on the De	рапписис	or state's re	colus.						
record specifies a delayed effective is filed.	date, but	not an eff∝	ctive time.	, at 12:01 a.	m. on the o	arlier of: (b) The	90th day a	ifter the
ated APRIL 23		2021							
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 	Signature of	f a member o	or authorize	ed represent	tive of a me	mber			