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COVER LETTER

TO:	Registration Se Division of Cor			
			ME TAZ LLC	
SUBJF	ECT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		TAMER KARADAGLI		
		RIGHT TIME TAZ LLC	Name of Person	
		4400 NORTH FEDERAL	Firm/Company HIGHWAY, SUITE 210-29	
		BOCA RATON, FL 3343	Address	
		tamer@righttimetaz.com	City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notif	fication)
	ther information c M APAYDIN	oncerning this matter, please ca	dl: 516 236 0037	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RIGHT TIME TAZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	PRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addres.	·	
	FIG	orida Zip Code	

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 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>	<u>Name</u>	Address	Type of Action
AMBR	ARZU BALKAN KARADAGLI	4400 NORTH FEDERAL HIGHWAY SUITE 210- BOCA RATON, FL 33431	
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etive date, if other than the officetive date is listed, the date must if the date inserted in this blooment's effective date on the Department.	be specific and cannot be p ck does not meet the ap	plicable statu	filing or more than tory filing requi	(optiona 190 days after filir rements, this da	ng.) Pursuant to 605.020°
ecord specifies a delayed se 90th day after the reco	effective date, but rd is filed.	not an eff	ective time,	at 12:01 a.m	. on the earlier o
AUGUST, 5	2019				
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