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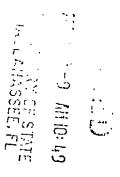
| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: | | istration Secti sion of Corpo | | | | | | | |
|---------------|--------|-----------------------------------|--|---|--------------------|---|--|--|--|
| SUBJE | ст | RIGHT TIMI | ETAZ LLC | | | | | | |
| | 01. | Name of Limited Liability Company | | | | | | | |
| | | | nendment and fee(s) are subr | - | | | | | |
| Please r | etum | all correspond | ence concerning this matter t | o the following: | | | | | |
| | | | TAMER KARADAGLI | | | | | | |
| | | | | Name of Person | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 4400 NORTH FEDERALI | HIGHWAY, SUITE 210- | 12 | | | | |
| | | | | Address | | | | | |
| | | | BOCA RATON, FL 33431 | | | | | | |
| | | | City/State and Zip Code tamer@righttimetaz.com | | | | | | |
| | | | E-mail address: (t | o be used for future annual | report notificatio | n) | | | |
| For furt | her in | formation con | cerning this matter, please ca | 11: | | | | | |
| SELIN | LAPA | YDIN | | 516 23 | 6 0037 | | | | |
| | | Name of P | erson | Area Code | Daytime Tele | phone Number | | | |
| Enclose | d is a | check for the | following amount: | | | | | | |
| ■ \$25 | .00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enc | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | | | | | | | | | |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on (A Florida document number (A Florida docu

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

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida _

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------------|---|----------------|
| AMBR | ARZU BALKAN KARADAGLI | 4400 NORTH FEDERAL HIGHWAY SUITE 210-12 BOCA RATON, FL 33431 | _ Adđ |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior tote: If the date inserted in this block does not meet the applic occument's effective date on the Department of State's records. | cable statutory. | or more than 90 da | (optional) ys after filing.) Puts, this date wil | rsuant to | o 605.020 c listed a |
| e record specifies a delayed effective date, but no The 90th day after the record is filed. | ot an effectiv | ve time, at 12 | :01 a.m. on | the e | arlier |
| ated SEPTEMBER, 3 , 2024 | | // | | | |
| | ~ 1.6 | | | | |
| Signature of a member or auth | orized represent | itive of a member | | | - |

Page 3 of 3