L19000194094

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF SEAL

COVER LETTER

	gistration Sec ision of Corp			
		, a	14. 18.	•
SUBJECT:	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Selim TEZCAN			
		Nume of Paris	ned Diabiney Company	
Tr. I.	1 4 2 1	A 1 (()	wheel or other	
The enclosed	Anicles of A	Amendment and fee(s) are sub	mined for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Selim TEZCAN		
			Name of Person	
		CAST Consulting LLC		
			Firm/Company	
		5570 La Garce Drive		
		5570 La Goice Dire	Address	
		Miami Beach, FL, 33140	City/Santa and Tin Cods	
		selimtzcn@gmail.com	Chy/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
Selim TEZO			at (
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	Filing Fee			

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 16 PH 1:21

	CAST CONSULTING LLC.	SECRETAR	Y OF STATE
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.) Allasi	yee, re unt. •
The Articles of Organization for this Limited Liab L19000194094		08/07/2019	and assigned
his amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET	00.000		AVE.
Enter new mailing address, if applicable:	6301	NE 4TH	AVA
Mailing address MAY BE A POST OFFICE Bo	<u>oxi</u> MIAM	11, 33138	S, FL
B. If amending the registered agent and/or reg agent and/or the new registered office address	,	ecords, <u>enter the name</u>	of the new reg
			
Name of New Registered Agent:			
New Registered Office Address:		ida street address	
New Registered Office Address:	Enter Flor		
New Registered Office Address:	City	, Florida	Zip Code

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
MBR	CETIN AMATO	3500 NW 71. STREET	
		MIAMI, FL, 33147	■Remove
			□Change
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ective date, if other than to effective date is listed, the date in this the date in this tument's effective date on the	must be specific and cannot block does not meet the	t be prior to date of filing to applicable statutor	ng or more than 90 da	ays after filing.) Pursuant t	o 605.020 e listed a:
cord specifies a delayed effec s filed.	ctive date, but not an eff	fective time, at 12:01	a.m. on the earlie	r of: (b) The 90th day	after the
09 / 09 / 2021 ed					
	<i>←</i>	1/2			
		r or authorized represe			_