L19000194094

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COVER LETTER

TO: Registration Solution of Col			
Cast Consu	ilting LLC.		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Selim Tezcan		
		Name of Person	-
	Cast Consulting LLC.		
		Firm/Company	_
	5570 La Gorce Drive		
		Address	_
	Miami Beach, FL, 33140		202 SE
		City/State and Zip Code	خت د ب — رئ
	castconsultingllc@gmail.co		\$ 7.
	E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please co	all:	,
Sellim Tezcan		917 5570366	
		at ()	<u></u>
Name	of Person	Area Code Daytime Telephone Numb	ब चून छू
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Filing Fee. cate of Status & cd Copy tal copy is enclosed)
Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(A Florida Lir	Company as it now appears on our records.) mited Liability Company)
he Articles of Organization for this Limited Liability Com forida document number L19000194094	npany were filed on August 12 2019 and assign
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited	d liability company here:
ic new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C
nter new principal offices address, if applicable:	5570 Lagorce Drive, Miami Beach, FL, 33140
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
nter new mailing address, if applicable:	5570 Lagorce Drive, Miami Beach, FL, 33140
Aailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, enter the name of the new r
Name of New Registered Agent:	
	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address, Florida Cut: 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 Changing Registered Agent, Signature of New Registered Agent

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i fective dat e an effective da	ate inserted in this block does	filing: fic and cannot be prior to date of filing or more than 90 anot meet the applicable statutory filing requirer nt of State's records.	ients, this date will not be list	5.0207 (3)(b) ed as the
<u>ite:</u> If the d cument's ef				
ite: If the dicument's ef	ies a delayed effective date, bu	out not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day afte	r the
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ote: If the discument's effectord specific filed.	01/10/2023	e of a member or authorized representative of a memb		7 the

Filing Fee: \$25.00