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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEKER LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SEKER LLC  |   |                                  |                   |
|--|---|----------------------------------|-------------------|
| (Name of the Lin                                     | nited Liability Company as it now appe<br>(A Florida Limited Liability Company)   | ars on our records.)             | <del></del>       |
| The Articles of Organization for this Limited        | Liability Company were filed on $\frac{0}{2}$   | 8/19/2019                        | and assigned      |
| Florida document number L19000208464                 | ·   |                                  | _                 |
| This amendment is submitted to amend the fo          | llowing:  |                                  |                   |
| A. If amending name, enter the new name              | Organization for this Limited Liability Company were filed on 08/19/2019 and assigned ent number L19000208464  Int is submitted to amend the following:  In name, enter the new name of the limited liability company here:  Ist be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Incipal offices address, if applicable:  Incipal offices address, if applicable:  Incipal offices address, if applicable:  Incipal office address, if applicable:  Incipal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS  It is the registered agent and/or registered office address on our records, enter the name of the new registered he new registered office address here:  Of New Registered Agent:  CHANGE OF ADDRESS  CHANGE OF ADDRESS  CHANGE OF ADDRESS  CHANGE OF ADDRESS  CHANGE OF ADDRESS |                                  |                   |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the  | designation "LLC" or the abbrev  | riation "L.L.C."  |
| Enter new principal offices address, if appl         | icable:   |                                  |                   |
| Principal office address MUST BE A STRE              | ET ADDRESS)   |                                  |                   |
|  |   |                                  |                   |
|  |   |                                  |                   |
| Enter new mailing address, if applicable:            | <u></u>   |                                  | <del></del>       |
| <u>Mailing address MAY BE A POST OFFICE</u>          | <u> </u>  |                                  | 7-11- W-14-M      |
|  | - · · =···  |                                  |                   |
| P. If amonding the modestaned agent and/our          | weekstaned office address on any  |                                  |                   |
| gent and/or the new registered office addr           |   | recorus, <u>enter the name o</u> | the new registere |
|  |   | •                                | 023               |
| Name of New Registered Agent:                        | CHANGE OF ADDRESS   |                                  | ति                |
| New Registered Office Address:                       | 2020 NE 163rd Street Suite 202  | E                                |                   |
|  | Enter Flo   | vrida street address             | -p (-)            |
|  | North Miami Beach   | , Florida <sup>33162</sup>       | <u> </u>          |
|  | City  |                                  | 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.

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

dottoop signature verification; otip 65/8We2-F3AZ-2259

## 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 |
|--------------|-------------------|-----------------------------|----------------|
| MGR          | Gulcin Morello    | 2020 NE 163rd Street        | <b>≅</b> Add   |
|              |                   | Suite 202E                  | □Remove        |
|              |                   | North Miami Beach, FL 33162 | =Change        |
| AMBR         | Change of Address | 2020 NE 163rd Street        | Add            |
|              |                   | Suite 202E                  | □Remove        |
|              |                   | North Miami Beach, FL 33162 | ©Change        |
|              |                   |                             | DAdd           |
|              |                   |                             | □Remove        |
|              |                   |                             |                |
|              |                   |                             | ⊡Add           |
|              |                   |                             | □Remove        |
|              |                   |                             |                |
|              |                   |                             |                |
|              |                   |                             | □Remove        |
|              |                   |                             | □Change        |
| •            |                   |                             | ☐Add           |
|              |                   |                             | □Remove        |

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| June 1<br>ted                  | , 2023   | <u>.</u> .   |  |
| is filed.                      | fective date, but not an effective tim                                     | e, at 12:01 a.m. on the ca                                     | rlier of: (b) The 90th day after the   |
| econd energifice a dalacad ab  | Footive date, but not an affirming fire                                    | o at 12:01 a1  | - Control of the cont |
| ite: If the date inserted in t | his block does not meet the applicat<br>the Department of State's records. | ole statutory filing require                                   | ments, this date will not be listed a  |
| ective date, if other than     | te must be specific and cannot be prior to                                 | date of filing or more than                                    | (optional) 0 days after filing.) Pursuant to 605 020   |
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