L 19000228047

(F	Requestor's Name)	
	Address)	
·	,	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
_	_	_
(B	Business Entity Name)	-
(D	Occument Number)	-
Certified Copies	Certificates of	Statue
	Certificates of	Otatos
Special Instructions to F	iling Officer;	

Office Use Only



600380066016

01/21/22--01001--008 **55.00

TORE LARY OF STATE TALLAN US-ELFLORIO

01/21/22

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ORREST TEC	HNOLOGIËS LL (<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ERHAN	I CEVIKEL Name of Person	
		Name of Person	
		Firm/Company	
	17252 Foun	fainside Loop	Apt 310
	LUTZ, FI	City/State and Zip Code el@gmail.com to be used for future annual report noti	
	E-mail address: (1	e 1 (4) 9 Mart - 20 CM to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca		
Name o	f Person	at () Area Code Daytim	e Telephone Number
		, and eval bay ma	
Enclosed is a check for th	ne following amount:		
□ \$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee

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

Name of the Limited Liability Compa (A Florida Limited I	NOLOGIES LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 228 04</u> .7	were filed on $09/16/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Habil	LLC ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	51 0
Principal office address MUST BE A STREET ADDRESS)	8EC
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u>D</u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Sun Business Land Community of the Commu	City Zip Code
ew 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 Changing Registered Agent, Signature of New Registered Agent

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
M <u>GRM</u>	Zeynep Cevikel	17252 Fountainside Loop Apt	<u>310</u> ⊠Add
		Lutz, FL 33558	🗆 Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		□Change	
			🗆 Add
			□Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
•	
(lf an ef <u>Note:</u>	ive date, if other than the date of filing: [decrive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	01/21/2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Erhan Cevike/
Typed or printed name of signee