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S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
	NVESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>, </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAGRI AKDUMAN		
	 	Name of Person	
	DUMAN INVESTMENTS	SLLC	
		Firm/Company	
	8039 SOLITAIRE CT		
		Address	
	ORLANDO FL 32836		
	charlieakduman@gmail.com		
For further information of	E-mail address: (concerning this matter, please co	to be used for future annual report noti all:	fication)
CAGRI AKDUMAN		407 4620707	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C P.O. Box 633		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

· ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DUMAN INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears

(A Florida Limited Li	ability Company)	WITHOUGH I
The Articles of Organization for this Limited Liability Company v	were filed on <u>07/16/2</u> 0	20 Tiggand askigned
Florida document number 1.20000206381		6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
CAGRI AKDUMAN LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		. Florida
	City	Zip Code
New 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 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
			Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Remove
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			🖸 Remove
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