L20000270127

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.

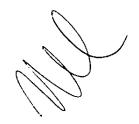
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. COVER LETTER

Division of Cor	porations		
DBEN LLO	C		
SUBJECT:	Name of Lim		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter		
rease return an correspe	indence concerning this matter	to the following.	
	FATIH SIHLAROGLU		
		Name of Person	-
	DBEN LLC		
		Firm/Company	-
	18859 LA COSTA LN.		
		Address	_
	BOCA RATON, FL 33496		
	DUFAAMERIKA@GMAII	City/State and Zip Code	7024 OCT 15 SECRETARY TALLAHA
		to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	落 5
FATIH SIHLAROGLU		561 9974373 at ()	4 DOT 15 AM 9: 54 CRETARY OF STATE PALL/MASSEE, FL
Name o	f Person	Area Code Daytime Telephone Number	EVIE 24
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	rate of Status &

TO:

Registration Section

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

DBEN LLC					
(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears on our recor- Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited I Florida document number L20000270127	-	were filed on 04/30/2024	and assig	ned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limite <u>d liab</u>	vility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLG	C" or the abbreviation "L.L.	.C."	
Enter new principal offices address, if appli	cable:	FATIH SIHLAROGLU			
(Principal office address MUST BE A STREET ADDRESS)		18859 LA COSTA LN.			
		BOCA RATON, FL 33496			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)	18859 LA COSTA LN.			
		BOCA RATON, FL 33496		<u>~-</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>		egistered]	
The state of the s			HAS	G T	
Name of New Registered Agent:	FATIH SIHLA	ROGLU		<u> </u>	
New Registered Office Address:	18859 LA COS		72	ب ر عب	
		Enter Florida street addre	1.,	5. /	
	BOCA RATO	<u> </u>	lorida 33496	· · ·	
		Cin	Zin 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 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>	<u>Name</u>	Address	Type of Action
MGR	ISMAIL VEYSELOGLU	22831 CHELSEA WOOD CT.	
		BOCA RATON, FL 33433	■ Remove
			□ Change
MGR	FATIH SIHLAROGLU	18859 LA COSTA LN	■Add
		BOCA RATON, FL 33496	□Remove
			Charge CAR
			SECRETAIRY OF STATE CHANGE SEFE CONTAINED TO SEFE CONTAINED CONTAI
			Reference 9:
			☐ Change
			□Add
			□Remove
			□ Change
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			Remove
			□Change
	- · · · · · · · · · · · · · · · · · · ·		□Add
			□ Remove
			Change

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Sective date, if other than the date in effective date is listed, the date must be sette: If the date inserted in this block is cument's effective date on the Department.	e of filing: specific and cannot b does not meet the	applicable s	e of filing or mo statutory filing	ore than 90 days a	otional) fter filing.) Pur this date will	suant to 605,0207 not be listed as
record specifies a delayed eff The 90th day after the record		ut not an	effective ti	me, at 12:0:	1 a.m. on	the earlier of
OCTOBER 1ST	. 2024		1-1			
			11/			

Page 3 of 3

Filing Fee: \$25.00