h21000505729

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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Registration Section Division of Corporations

TO:

D'CASSA SUBJECT:	LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MAYDET AKSOY				
		Name of Person			
	D'CASSA LLC				
		Firm/Company			
	8975 NW 26TH STREET		<u>-</u>	2022 OCT 24 AM 11: 22 SECRETARY OF STATE	4. . †
		Address			
	DORAL, FL 33172			24 7	
		City/State and Zip Code		祭品	
	ACCOUNTING@DCASSA		-	다. 11:2	
		to be used for future annual report noti	lication)	m 2	
For further information	concerning this matter, please c	all:			
CLAUDE CHARLES		786 634-5544 at ()			
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations)	

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'CASSA LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	,)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000505729</u> .	any were filed on NOVEMBER 29,20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited L	ighility Company "the designation "I I C"	or the abbreviation "L. C."	
Enter new principal offices address, if applicable:	8975 NW 26TH STREET		
(Principal office address MUST BE A STREET ADDRESS	DORAL FL 33172	202	
		2 00 CR	
Enter new mailing address, if applicable:	8975 NW 26TH STREET	ILARY VHAS	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33172	m _o	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registere	
Name of New Registered Agent: MAYDET	AKSOY		
New Registered Office Address: 8975 NW 2	6TH STREET		
	Enter Florida street address		

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.

City

DORAL

If Changing Registered Agent, Signature of New Registered Agent

Florida 33172

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	ONUR AKSOY 1701 NW 93 AVE DORAL FL 33172		□Add
			≣Remove
			🗆 Change
			□Add
			□Remove
			□Change
MGR	MAYDET AKSOY	8975 NW 26TH STREET DORAL, FL 33172	
			□Remove
			Change
			24 memove STATE
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culient seriective date on the Depa	rineir of State's records.	•				
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OCTOBER 19	· 2022	·				
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Typed or printed name of signee