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COVER LETTER

TO: Registration Sect Division of Corpo			,
SUBJECT:	028 Shores Name of Limit	LLC. ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
		Tempkins, Esq.	
	Neuman	+ Tempkins P.	<u>A.</u>
	_ 605 Line	oin Road, Suite	301
	Hiami Be	each, Fl 33139 City/State and Zip Code	
	E-mail address: (to	PKINS E AOLCOM be used for future annual report notificat	tion)
For further information con	ncerning this matter, please ca	11:	بدار _ي
Harry Terr Name of 1	pokins, Esq	at (<u>305</u>) <u>398 - 7</u> Area Code Daytime Te	760 Ext 223
Enclosed is a check for the	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 Addresses		Strong Address	

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

1028 Shores	LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears or orida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabilit	•	03/2022 a	nd assigned
This amendment is submitted to amend the following	Ç.		
A. If amending name, enter the new name of the l	limited liability company here	:	
The new name must be distinguishable and contain the words	Limited Liability Company," the design	gnation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET AD	DRESS)		.`
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ords, enter the name of t	., he new registered
Name of New Registered Agent:		-	
New Registered Office Address:	Enter Florida	t street address	
		. Florida	
	City	, FIOTIUA	o 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
AMBR	Tugba AKdag	19 Hayis CAD Nova Baran Plaza	
		No.4. Figur Turizmi Sisci	□Remove
		Istanbul Turkey	□Change
AMBR	Tugce Kuran	121 NE 34th Street # 1008	& Add
		Hiam., FL 33137.	□Remove
			Change
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ote: If the	ate, if other than date is listed, the da date inserted in t effective date on	his block does i	not meet the	applicable st	of filing or more atutory filing r	(opt than 90 days afte equirements, th	ional) er filing.) Purs sis date will s	uant to 605.020 not be listed a
ecord spec is filed.	cifics a delayed ef	Tective date, bu	t not an effe	ctive time, at	12:01 a.m. on	the carlier of: (b) The 90t	n day after the
ited <u>C</u>	December	8	1 2	022				
		المهلا	1001					
_		Sfgnature	of a member	or authorized i	epresentative of	a member		