## h22000008920

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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: 7508	Treasure	LLC	
Sebute 1.	Name of Lin	nited Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are sub	omitted for filing.	
Please return all correspondence of	oncerning this matter	to the following:	
	Harry Te	empKins Name of Person	
		and Tempkins Finn/Company	., P.A.
	<u>605 l</u>	Lincoln Road, S	uite 301
	Miam	13each, Fl 33 City/State and Zip Code	5139
	h temp E-mail address:	Kins @ act. CoH (to be used for future annual report notif	Tication)
For further information concerning	g this matter, please c	rall:	
Harry Tempkin Name of Person	51 E <b>S</b> A	at ( <u>305</u> ) 398-7 Area Code Daytime	TWO Ext 223  Telephone Number
Enclosed is a check for the follow	ring amount:		
	0.00 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)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sec	rtion
Division of Corporat		Division of Cor	
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7508 Treasure	LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	by were filed on $1/03/2022$ and assigned
Florida document number <u>L 2 2 000008 9 20</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabil	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	.3
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Name Descriptions of Assert's Companies of Shanning Descriptions of Asserts	-,

## 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
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		Istanbul, Turkey	Change
Ambe	Tugce Kuran	121 NE 34 51 # 1008	DAdd
		Hiami, F1 33137	□Remove
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in effective date is lote: If the date in	other than the datalisted, the date must be sometimed in this block over date on the Depart	specific and canno does not meet th	it be prior to date one applicable sta	of filing or more that	90 days after filin	g.) Pursuant to 605.020
ecord specifies a is filed.	delayed effective dat	te, but not an eff	fective time, at	2:01 a.m. on the	earlier of: (b)	he 90th day after the
ated Decer	mber 8.	<del>, , , , ,</del>	2022.			