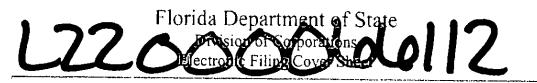
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

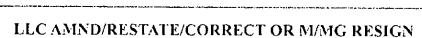
From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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## ASK77 LLC

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M. SOLOMON

APR 17 2023

Electronic Filing Menu Corporate Filing Menu

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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number L22000066112	Liability Company were filed on 02/1	7/2022 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>¢</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<b>2</b>
		<b>≥</b> _
Enter new mailing address, if applicable:		TARY HASSE
Mailing address MAY BE A POST OFFIC	ू 🔭 🥌	
		101 112
		SE T
B. If amending the registered agent and/or ogent and/or the new registered office addr		ords, enter the name of the new registered
Name of New Registered Agent:	CHANGE OF ADDRESS	
	2020 NE 163rd STREET SUITE 20	2E
New Registered Office Address:	2020 NE 10500 STREET 3011L 20	
New Registered Office Address:		la street address
New Registered Office Address:		b street address  Florida 33162

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.

Emre Barlas School vertice GATURS AND METER SCHOOL SCHOOL

 $\Box$ Change

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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>	Name	Address	Type of Action
AMBR	EMRE BARLAS	2020 NE 163rd STREET	⊡∧dd
		SUITE 202E	□Remove
		NORTH MIAMI BEACH, FL 33162	<b>≣</b> Change
AMBR	IPEK CETIN	520 BRICKELL KEY DR #A1619	
		MIAMI, FL 33131	
			<b>-</b>
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			□Remove
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		147-14-16-14	□Remove

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