L22000180698

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06/27/23--01027--004 **25.00

COVER LETTER

TO: Registration So Division of Cor	porations		
ARSAN U	i· SA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mesut KOMURCU		
		Name of Person	
	ARSAN USA LLC		
		Firm/Company	
	1970 NW 129th Ave Ste 1	08	
		Address	
	Miami, FL 33182		
		City/State and Zip Code	
	mesut@guilincare.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	ali:	3
Mesut Komurcu		786 258-0360	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARSAN USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{^{04/14/2022}}$ __ and assigned Florida document number L22000180698 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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

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 Membe	Ą	M	ΙB	R	=	Αı	uth	ori	zed i	Me	mbe	1
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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	liker GULER	1970 NW 129th Ave., Ste 108	= Add
		Miami, FL 33182	□Remove
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			;
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ective date, if other than the effective date is listed, the date mue: If the date inserted in this bument's effective date on the E	block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed a
	un data but not an affective time at 12:01	a.m. on the earlier of: (b) The 90th day after th
cord specifies a delayed effective filed.	ve date, but not an effective time, at 12.01	
	2023	
s filed.	2023	

Filing Fee: \$25.00