2/15/23, 9:35 AM

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.

(((H23000059408 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KADOCEM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

XUTT, BL.T Help

FEB 1 6 2023

dottoop signature verification: dttp us/JAAX-0ffH-yC48

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KADOCEM LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears or Liability Company)	1 OUF records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 05/16/	2022 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		23 [
(Principal office address MUST BE A STREET ADDRESS)		ំ ។ ជ	
		<u> </u>	
		→ C'	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	rds, enter the name of the new registere	
New Registered Office Address:	Enter Florida s	street address	
-	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am familiar with and opter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

Cotloop signature verification, displass/8AX-0ffH-jC48

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	GULCIN MORELLO	520 BRICKELL KEY DR	□Add
		#A1619	
		MIAMI, FL 33131	
			-
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			FlChange

dotinop signature werlf-cation; ridp us/jSAx-BBH-jCCs

<u> </u>					
					
				···	
					
	·				- <u>-</u>
	 .				
			· .		

			· -		
Effective date, if other the fan effective date is listed, the date inserted in document's effective date on	this block does t	not meet the applicab	date of filing or more le statutory filing n	(option than 90 days after fi equirements, this o	ial) ling.) Pursuant to 605.0207 late will not be listed as
record specifies a delayed of is filed.	ffective date, bu	t not an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
6/6		. 2022			
					
	abd	ilkadir Yavasoglu	cotleop venfled 02/15/21 9:14 AI A/CW-NYTG-2SE	A EST L-CYEL	
		elkadir Yawsogla ot a member or authors		1-44EE	