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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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A. RIVERS



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COVER LETTER

	N, LLC		
201018C1:	Name of Lim	ited Liability Company	<u> </u>
Divides of Corporations MC OZCAN, LLC Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	,
	Ozgur Ozcan		<u> </u>
		Name of Person	
	MC OZCAN, LLC		
		Firm/Company	
	4561 Salisbury Road Suite	± 400	•
		Address	
	Jacksonville, FL 32256		·
		City/State and Zip Code	•
		to be used for future annual report not	fication)
For further information of			
Ozgur Ozcan			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	be following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration	Section Corporations 27	Registration Se Division of Co The Centre of	rporations
i unumoot,	. ~ 56511	Tallahassee, Fl	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

MC OZCAN, LLC (Name of the Limit	ied Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000224502		and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	٠.
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic		
(Principal office address MUST BE A STREE		
-		
A Manufication		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		202
total agent and/or	registered office address on our records, enter th	e name of the new registere
B. If amending the registered agent and/or the new registered office addre	as here:	= = =
apent and or the new year		28 T
and the second Amounts		+ 3°7
Name of New Registered Agent:	Parity 400	T
New Registered Office Address:	4561 Salisbury Road Suite 400 Enter Florida street address	2
		_ !
	Jacksonville Flor	ida 32256 Ztp Code
Now Postered Agent's Signature, if changing	-,	• -

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 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 Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Ozgur Ozcan	4561 Salisbury Road Suite 400 Jax FL 32256	= Add
			☐ Remove
			Change
MGR	Kenneth Paulk	4561 Salisbury Road Suite 400 Jax FL 32256	□ A dd
		<u> </u>	Remove
			Change
		-	□Add
			□Remove
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			CRemove
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			Remove
			Change
			DAdd
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te. If the date inscried in this	the date of filing: must be specific and cannot be prior to s block does not meet the applicab e Department of State's records.	sic statutory filing require	ments, this date will not	t to 605.020 be listed a
ccord specifies a delayed effects filed.	ctive date, but not an effective tim	e, at 12:01 a.m. on the es	rlier of: (b) The 90th d	ay after th
October 25	5 60.0	-·		
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