Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address:____

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEONS DIGITAL FLOW LLC

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COVER LETTER

| | Registration Se Division of Cor | | | | | |
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| | | NEONS DE | GITAL FLOW LLC | | | |
| SUBJEC | .1: | Name of Lim | ited Liability Company | ···· | | |
| The encle | osed Articles of | Amendment and fee(s) are sub | mitted for filling. | | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | | | |
| | | LOVETTE DOBSON | | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| | | 17350 STATE HWY 249 S | STE 220 | | | |
| | | | Address | | | |
| | | HOUSTON, TX 77064 | | | | |
| | | | City/State and Zip Code | | | |
| | | EFILE 1234@INCFILE.CO | M to be used for future annual report not | ification) | | |
| For furth | er information c | oncerning this matter, please ca | | | | |
| LOVET | TE DOBSON | | 1 888-462 | | | |
| | Name o | f Person | Area Code Daytir | ne Telephone Number | | |
| Enclosed | l is a check for th | he following amount: | | | | |
| ≋ \$2 5. | 00 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Soo.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address: Registration Section | | Street Address: Registration Se | ection | | | |
| Division of Corporations | | | Division of Corporations | | | |
| | P.O. Box 632 Tallahassee. | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEONS DIGITAL FLOW LLC | | |
|--|---------------------------------|--|
| (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability Company were filed on | 08/22/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de- | esignation "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 reagent and/or the new registered office address here: | cords, enter the n | ame of the new registe |
| Name of New Registered Agent: | | THE PARTY OF THE P |
| New Registered Office Address: Enter Flori | ida street address , Florida | FILED P-9 AM |
| City | - | O Zip Gode |
| New Registered Agent's Signature, if changing Registered Agent: | : | 55 3 |
| I hereby accept the appointment as registered agent and agree to act in this of | | |

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

Page (((mzzuuuzyoby4 3)) 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> | <u>Address</u> | Type of Action |
|--------------|----------------------|----------------------------------|-----------------|
| AMBR | Hasan Hikmet Karaman | Oduntuk Mahalle, Karamanti Sokak | 🗀 Add |
| | | Kosem Apartman No:20 Daire:3 | □Remove |
| | | Nilufer Bursa-Turkey | ≡ Change |
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| D. If amending a | | | | | | , , , , , , , , , , , , , , , , , , , | , | |
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| If the record specifi record is filed. | ies a delayed effe | ctive date, but I | not an effectiv | e time, at 12. | :01 a.m. on the | e earlier of: (b) | The 90th day at | ter the |
| Septen Dated | mber 9th | | 2022 | | | | | • |
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