L2200038765S

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COVER LETTER

TO: Registration S Division of Co				
	L KITCHEN DESIGN LLC.			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	REBII METIN GORGEC			
		Name of Person		
	NATURAL KITCHEN DI	ESIGN LLC		
		Firm/Company		<u> </u>
	13142 BRIANS CREECK	DR		در • •
		Address	· · · · · · · · · · · · · · · · · · ·	-
	JACKSONVILLE, FL 322	224	• •	
		City/State and Zip Code	•	F.1 10:
	naturalkitchendesign@gma	il.com to be used for future annual report noti	fication)	25
For further information of	concerning this matter, please c	·	neation)	
REBII METIN GORGE	C	904 4166627		
Name (of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURAL KITCHEN DESIGN LLC.

(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number L22000387655	pility Company were filed on 09/02/20)22	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designa	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicab	ole:		<u>د</u> -
(Principal office address MUST BE A STREET	ADDRESS)	- 20	23.
		- 	
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	·	<u> </u>
			<u> </u>
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		is, enter the name of	the new registere
New Registered Office Address:	Enter Florida str	reet address	
		, Florida	
	City		p Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the change	and complete performance of my d red agent as provided for in Chapt gistered office address, I hereby con	luties, and I am famil er 605, F.S. Or, if th	iar with <mark>and</mark> is document is
	If Changing Registered Agent Si	ignature of New Pegicter	ed 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>	<u>Name</u>	Address	Type of Action
AMBR	GULNUR KESMER	8230 DAMES POINT CROSSING BLVD. 1601	🗆 Add
		JACKSONVILLE, FL 32277	■Remove
			□ Change
			□Add
			Remove
		M	□Change
			<u> </u>
			— □Remove □ □ □ □ □ □ Change □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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Effective date, if other than the date of filing: (optional)						
Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 (Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. The 90th day after the date in filed. Dated [JULY, 18] [2023]				·		
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Signature of a member or authorized representative of a member	us med.					
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Filing Fee: \$25.00