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COVER LETTER

TO:

TO: Registration S Division of Co					
DURU O SUBJECT:	F FLORIDA LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	SETH AMKRAUT				
		Name of Person			
	GERSTIN & ASSOCIATI	ES			
		Firm/Company			
	40 SE 5TH ST., SUITE 6	0			
		Address			
	BOCA RATON, FL 33432	2			
		City/State and Zip Code			
	TAHSIN.KARAKOYUN@	•			
	E-mail address: (to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
SETH AMKRAUT		561 750-3456 at ()			
Name	of Person		ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addro		Street Address: Registration So	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 63	27	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DURU OF FLORIDA LLC				
(Name of the Limited	Liability Compa Florida Limited 1	iny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lial	bility Company	were filed on SE	EPTEMBER 6, 2022	and assigned
lorida document number L22000389909	·			
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company ho	ere:	
he new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the d	lesignation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1800 N FEDER	AL HWY.	
		UNIT 210		
		POMPANO BE	EACH, FL 33062	
		1800 N FEDER	AL HWV	
nter new mailing address, if applicable:	0.00	UNIT 210		
(Mailing address MAY BE A POST OFFICE BOX)		POMPANO BEACH, FL 33062		
				· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or reg gent and/or the new registered office address 		address on our r	ecords, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	GABRIEL CHO	OCRON		-
New Registered Office Address:	1800 N FEDER	RAL HWY., UNIT	210	
		Enter Flor	rida street address	
	POMPANO BE	EACH	, Florida <u>3306</u>	2
		City	 -	Zip Code

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>	<u>Name</u>	Address	Type of Action
			□Add
		<u></u>	□Remove
			Change
 			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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		 	□Add ˆ
			-
			Change
			□Remove
			□Change
			□Remove
			□Change

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 slays after filing.) Pursuant to 605,5207 [Once: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distribution of a member of		
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IRDAHIM VASHIRLIGA		Signature of a member or authorized representative of a member
		IDDALIM VASHDIKA

Filing Fee: \$25.00