L23000189194

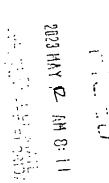
(Requestor's Name)
(Address)
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(Document Number)
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A. RIVERS

JUL 1 4 2023

COVER LETTER

TO:	Registration Se Division of Cor					
enn ie		k Health Service LLC				
SUBJEC	~I:	Name of Limited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Stephanie Goebel				
			Name of Person	<u> </u>		
		ZenBusiness Inc.				
Firm/Company						
	5511 Parkcrest Drive, Ste. 103					
		Address				
		Austin, TX 78731				
			City/State and Zip Code			
		fulfillment@zenbusiness.com				
		E-mail address: (to be used for future annual report notifi	cation)		
For furth	ner information c	concerning this matter, please ca	all:			
Stephan	ic Goebel c/o Ze	enBusiness Inc.	844 493-6249 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	l 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ilker Kocak Health Service LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
orida document number L23000189194		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ker Kocak LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	3644 Coral Tree Circle Coconut Creek	, FL 33073
Principal office address MUST BE A STREET ADDRESS)		
		
nter new mailing address, if applicable:	3644 Coral Tree Circle Coconut Creek	, FL 33073
Aailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered of		the name of the
gistered agent and/or the new registered office address here	<u>2</u> ;	202
		2023 HAY
Name of New Registered Agent:		· 2
New Registered Office Address:		7
	Enter Florida street address	
	, Florida _	Zip Code_
	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>	<u>Address</u>	Type of Action
MGR	Cem Guler	3835 SW 169th Ter Miramar, FL 33027	■ Add
			☐ Remove
			☐ Change
AMBR	Ilker Kocak		
			□ Remove
		3644 Coral Tree Circle Coconut Creek, FL 33073	■ Change
AMBR	Fatma Merve Kocak		
			□ Remove
		3644 Coral Tree Circle Coconut Creek, FL 33073	■ Change
			□ Add
			☐ Remove
		 	□ Change
			Add
			□ Remove
			□ Change
		<u></u>	□ Add
			Remove
			☐ Change

. If amending any other info	mation, enter change(s) here	e: (Attach additional sheets, if necessary.)	
			
			
-			
			
			
			<u>.</u>
			
			
Note: If the date inserted in th	the date of filing: must be specific and cannot be prior is block does not meet the applic the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuable statutory filing requirements, this date will no	ant to 605.0207 (3) of be listed as the
the record specifies a dela) The 90th day after the	yed effective date, but no record is filed.	t an effective time, at 12:01 a.m. on th	e earlier of:
Dated May 10	. 2023	·	
/s/ Ilker Kocak			
-	Signature of a member or author	orized representative of a member	
Ilker Kocak			
	Typed or printe	ed name of signee	

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Filing Fee: \$25.00