L23000279485

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer.	

Office Use Only



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10/23/24--01014--021 ++55.00



COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter to	o the following:		
	Birol Erdogan			
		Name of Person		
		Firm Company	<u> </u>	
	301 NW 28TH ST			
		Address		
	MIAMI, FL 33127			
		City/State and Zip Code		
	contact@artxspace.net			
	E-mail address: (to	be used for future annual report no	tification)	6.3
For further information c	oncerning this matter, please ca	n:		· 1
Birol Erdogan		305 8905923		*.*
Name o	f Person	at () Area Code Dayti	me Telephone Number	<u> </u>
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration		Street Address: Registration S		
Division of C	Corporations	Division of Co	-	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr Tallahassee, F	oe Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DART PROJECT LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on ou ed Liability Company)	ir records.)
he Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
orida document number 1.23000279485		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	· · ·	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or registered offi	as addrace on our reword	c antur the name of the new region
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our record	
		د.
Name of New Registered Agent:	<u>. </u>	
New Registered Office Address:		
New Registered Office Address.	Enter Florida str	eet 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>	Address	Type of Action
MGR	Onur Gungordu	15805 BISCAYNE BLVD STE 201	DAdd
		AVENTURA, FL 33160	≡ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Ādd
			□Remove
			□ Change
			□Add →
			□Remove
			Change
			□Remove
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						<u> </u>

October 16 ed	2024	
Rist Ec	/ ogc~	
	Signature of a mem vir or authorized representative of a member	
Birol Erdogan		
	Type For printed name of signee	

Filing Fee: \$25.00