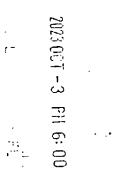
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Office Use Only



## **COVER LETTER**

то:	Registration Se Division of Cor			, ner		
, SUBJ	H2Z FLOR ECT:					
3013	<u>-</u>		ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		HASAN SOZERI				
			Name of Person			_
		H2Z FLORIDA LLC				
			Firm/Company			_
		1508 HAMMOCK PINE				
			Address			_
		CLEARWATER FL 3376	I			
			City/State and Zip Co	de		-
		HASANSOZERIZO@ICLO				
			to be used for future ann	ual report notific	cation)	
For fu	rther information co	oncerning this matter, please ca	all:			
HASA	AN SOZERI		813 at ( )	534-2172		
	Name o	f Person	Area Code	Daytime '	Telephone Numbe	r
Enclos	sed is a check for th	ne following amount:				
<b>≡</b> \$2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		Certified	ate of Status &

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT - 3 PH 6: 01 H2Z FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/28/2023}{1}$ and assigned Florida document number 1.23000356395 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1508 HAMMOCK PINE Enter new mailing address, if applicable: CLEARWATER FL 33761 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: HASAN SOZERI Name of New Registered Agent: 1508 HAMMOCK PINE New Registered Office Address:

## 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.

City

CLEARWATER

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
AMBR	KAYHAN DEMIRCAN	7071 WOODCHASE GLEN DR	□Add
		RIVERVIEW FL 33578	≣Remove
			□Change
AMBR	HASAN SOZERI	1508 HAMMOCK PINE	<b>≡</b> Add
		CLEARWATER FL 33761	□Remove
			□Change
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Effective date, if other than the configuration effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department of the date of the date of the date of the date of the Department of the date o	ck does not meet the applica	(optional) to date of filing or more than 90 days after filing.) Purable statutory filing requirements, this date will	rsuant to 605,0207 (3 m not be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective tin	me, at 12:01 a.m. on the earlier of: (b) The 90	Ith day after the
Dated SEPTEMBER 29	. 2023	·	
1.0			
S S S	ignature of a member or autho	rized representative of a member	<del></del>
HASAN SOZERI			
	Typed or printe	ed name of signee	

Filing Fee: \$25.00