L23000537912

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TO: Registration Se Division of Con			
	AM AIMS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AKYL SALI		
		Name of Person	
	 	Firm/Company	
	4935 ARCANUM PL		
		Address	
	CUMMING, GA 30040		
		City/State and Zip Code	<u> </u>
	akyl@taxintelcorp.com		
For further information of	econcerning this matter, please o	to be used for future annual report noticall:	meanon)
AKYL SALI		972 8046157 at ()	
Name o	of Person	Area Code Daytim	te 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed).
Mailing Addres	88:	Street Address:	: :
Registration	Section	Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee,			e Street, Suite 810
		Tallahassee FI	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY DREAM AIMS LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	<u>s.</u>)
The Articles of Organization for this Limited Li Florida document number L23000537912		ere filed on 12/04/2023	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
<u>Principal office address MUST BE A STREE</u>	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	BOX)	<u>-,-</u>	
If amending the registered agent and/or regent and/or the new registered office addres		dress on our records, enter	the name of the new registe
gent and/or the new registered office address	is nere.		
Name of New Registered Agent:			
		_	
New Registered Office Address:	-	Enter Florida street addres.	S
		r.	• •
		, Flo	orida 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
AMBR	FARUK AYDIN	ATAKENT MH 219 SK NO18 B2 D17	≅ Add
		LOUNGE-1, KUCUKCEKMECE	□Remove
		ISTANBUL, TURKEY, 34307	
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Erhan Bas Signature of a member or authorized representative of a member	ar ar re-words			4
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Signature of a member or authorized representative of a member				• •
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