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(Re	equestor's Name)					
(Ac	ldress)					
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SUBTRO	SATACO. I								
SCOREC		Name of Limited Liability Company							
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The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.						
Please reti	urn ali correspo	ndence concerning this matter	to the following:						
		CIHANGIR KAYA							
		,	Name of Person						
		KAYA FINANCIAL SER	VICES. INC						
			Firm/Company						
		PO BOX 272402							
			Address						
		BOCA RATON, FL 33427	1						
			City/State and Zip Code						
		JOHN.KAYA@HOTMAIL							
Zan Carles	- ie		to be used for future annual report not	(icalion)					
	·	oncerning this matter, please c							
CIHANG ————	IR KAYA		954 5516469 at ()						
Name of Person			Area Code Daytin	ne Telephone Number					
Enclosed i	is a check for th	ne following amount:							
፷ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed					
	Tallian to t		S						
Mailing Address: Registration Section			Street Address: Registration Section						
Division of Corporations			Division of Corporations						
	P.O. Box 632		The Centre of						
1	fallahassee. F	TL 32314							
			Tallahassee, Fl	. 32303					

*

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF:

SATACO, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our rec (Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 01/03/2024	and assigned
Florida document number L24000009546		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name most be distinguishable and contain the words "Limited Lial	oility Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 .	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>ent</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	(*	,
	Enter Florida sirvet odo	tress
·	City	Florida Zip Code
	v m	Zifi Coac

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 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	BANU OKUMUS COMERT	BESEVLER MH, BESEVLER CD, NIDDUS ST, A	} ≅ Add
		BURSA, BU 16110 TURKEY	□Remove
			_ □Change
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	date, if other the		e Clina:	01/01/2024			(0	ptional) alar filing 1	Pursuant to 60	5.0207 (3
E. Effective	date, if other th	nan the date date must be st	of fiffing. , secific and ca	nnot be prior to	date of fili	ng or more th re tiling ted	an 90 days . uirements.	this date	will not be li	sted as th
(If an effecti Note: If t	date, if other the date is listed, the he date inserted in a the date inserted in a the date in a th	in this block d	oes not med	et the applications in a records.	He Stattho	, , , , , , , , , , , , , , , , , , ,				
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If the record s	pecifies a delaye	d effective dat	e. Dui noi a	ii Ciicani						
record is filed	•									
1.	ANUARY 12			2024	·	00				
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Dated _						レーエン				
Dated _				nember or author	orized repr	esentative of	a member			

Filing Fee: \$25.00