## L24 000 416 986

(Requestor's Name)
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## **COVER LETTER**

ΓO:

Registration Section Division of Corporations

MAILERS SUBJECT:	DEPOT, LLC.			
Wildlett.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ZEKI AKDEMIR			
	<del></del>	Name of Person		
	MAILERS DEPOT, LLC.			
		Firm/Company		
	3425 Bannerman Rd. Ste	150-221		2024
		Address		3 T
	Tallahassee, FL 32312			FILEU MID: 07
	<del></del>	City/State and Zip Code		SSS
	zekiakdemir@gmail.com			SHIS E
	E-mail address: (	to be used for future annual report noti	fication)	- EE 0
For further information of	concerning this matter, please c	all:		
ZEKI AKDEMIR		850 518-8489		
Name o	of Person		e 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 Certificate of Certified Cop (additional copy	f Status & oy
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAILERS DEPOT, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	····
The Articles of Organization for this Limited Liability Company Florida document numberL24000416986	were filed on09/25/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation "LLC" or th	ne abbreviation "L.B."
Enter new principal offices address, if applicable:		3 7
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		MIO: 07
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Florida	
•	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

New Registered Agent's Signature, it 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

f 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> </u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TALERZUM, LLC	3425 Bannerman Rd. Ste 150-221	<b>\</b> Add
		Tallahassee, FL 32312	□Remove
			□Change
MGR	ZEKI AKDEMIR	7051 Duck Cove Rd	□Add
		Tallahassee, FL 32312	□Remeye BChange
			Change
MGR	FADIME AKDEMIR	7051 Duck Cove Rd	A Sugar
		Tallahassee, FL 32312	SAN DO: OJ
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Filing Fee: \$25.00