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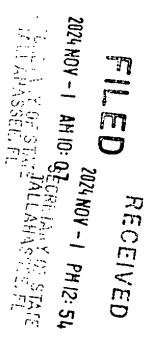
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## **COVER LETTER**

Division of Co	rporations				
	URUS, LLC.				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ZEKI AKDEMIR				
		Name of Person			
	BOOK GURUS, LLC.				
		Firm/Company			
	3425 Bannerman Rd. Ste 1	50-221			
		Address		202	
	Tallahassee, FL 32312			2024 NOV - 1	2
	zekiakdemir@gmail.com	City/State and Zip Code			\$
	E-mail address: (	to be used for future annual report notifi	eation)	AM IO: 07	
For further information	concerning this matter, please co	all:		10: C	
ZEKI AKDEMIR		850 518-8489		7	
Name (	of Person		Telephone Number	<del></del>	
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ro:

**Registration Section** 

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOOK GURUS, LLC.

company has been notified in writing of this change.

( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appe iability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	09/25/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)			
			NOV T
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7555 A T
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, enter the na	ime of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	 orida street address	
		, Florida	
	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

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
AMBR	TALERZUM, LLC	3425 Bannerman Rd. Ste 150-221	■Add
		Tallahassee, FL 32312	□Remove
			□Change
MGR	ZEKI AKDEMIR	7051 Duck Cove Rd	
		Tallahassee, FL 32312	□Remove
			Change
MGR	FADIME AKDEMIR	7051 Duck Cove Rd	N - I
	•	Tallahassee, FL 32312	Remove 5
			Al Change
			□Add
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fan effective dat <mark>Note:</mark> If the da	te, if other than the date of filing:	
record specifi d is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated	NOVEMBER 1 2024  Signature of a member or authorized representative of a member	
	ZEKI AKDEMIR	
	Typed or printed name of signee	

Filing Fee: \$25.00