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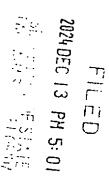
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
	J. HORI	NE
	JAN 2 y	2025
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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

SUBJECT: ·	MOSAIC SOURCE LLC 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:	
	Ebru Aran		
		Name of Person	
	THE AND MOSAIC SO	URCE LLC	
		Firm/Company	
	3740 MORTON ST		
		Address	
	JACKSONVILLE, FL 32:	217	
		City/State and Zip Code	
	ebruaran.us@gmail.com		
		to be used for future annual report noti	itication)
For further information c	oncerning this matter, please e	all:	
Ebru ∧ran		813 401-2907	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(2) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se	
P.O. Box 632	•	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/1	ED
2024 DEC 13	PM 4:58

TILE AND MOSAIC SOURCE 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 Florida document number $\frac{1.24000511031}{1.24000511031}$.	were filed on 12/09/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3740 MORTON ST., JACKSONVILLE, FL 32217 US
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3740 MORTON ST., JACKSONVILLE, FL 32217 US
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
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>	Address	Type of Action
AMBR	Ebru ARAN	3740 MORTON ST	■Add
		JACKSONVILLE, FL 32217 US	□Remove
			[]Change
AMBR	Ismail Giray YARDIM	3740 MORTON ST	[]Add
		JACKSONVILLE, FL 32217 US	□Remove
			\footnote{\text{\begin{align*} \text{\left}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
AMBR	Bilał SENSOY	3740 MORTON ST	[]Add
		JACKSONVILLE, FL 32217 US	□Remove
			≘ Change
			(] Add
			Remove
			[]Change
			C]Add
			[]Remove
			□ Change
			∐Add
			Remove
			[]Change

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