

M22000017308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DATE: 9/18/2023

NAME: ARCOGLOBAL US LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

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CLERK OF COURT
DIVISION OF CORPORATE AFFAIRS

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE *AtHodge*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ARCOGLOBAL US LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000017308

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/16/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

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

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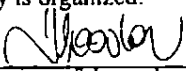
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	ORCUN OZKAN	Asik Kerem Sok.Kent Evler No:18 Daire:24	<input type="checkbox"/> Add
		Dikilitas/Besiktas/Istanbul, Istanbul, Turkey 34349 TR	<input checked="" type="checkbox"/> Remove
MBR	ALPTEKIN YILDIZ	Ataturk Mahallesi Sedef Cad.Ata Bloklari	<input type="checkbox"/> Add
		2-4 Daire:195 Atasehir/Istanbul Turkey 34758 TR	<input checked="" type="checkbox"/> Remove
MBR	ALPARSLAN OZARPAT	1199 VERMONT AVE. NW, STE. 801	<input checked="" type="checkbox"/> Add
		WASHINGTON, DC 20005	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Alparslan Ozarpat

Typed or printed name of signee

STATE OF CALIFORNIA
DIVISION OF CORPORATIONS
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