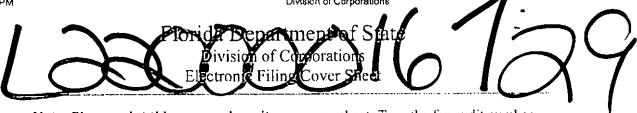
2/23/22, 3:12 PM Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

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Email Address:_

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OKIDOKI GROUP LLC

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Electronic Filing Menu Corporate Filing Menu

Help

From: Yanat Avila

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Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OKIDOKI GROUP 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 were filed on 01/13/2022	and assigned
Florida document number 1.22000016729	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	r 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:	
(Muiling address MAY BE A POST OFFICE BOX)	
The state of the s	a name of the name maketage
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	23
Frier Florida street address	<u> </u>
, Flori	the state of the s
City	Tode

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.

dottoop signature verification; dop us/710-wRu07-0QdN

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>	Name	Address	Type of Action
MGR	BARIS EREN	520 BRICKELL KEY DR	■Add
		#A1619	□Remove
		MIAMI, FL 33131	□Change
			Dadd
			□Remove
			□Add
			□Remove
			□Change
			bbAC
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			□Change
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			☐ Change
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Page: 5 of 5

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filed.	ffective date, but not an effective time	, at 12:01 a.m. on the earlier of: (b)	The 90th day after
e: If the date inserted in turnent's effective date on	this block does not meet the applicable the Department of State's records.	e statutory filing requirements, this d	ate will not be liste
ctive date, if other tha effective date is listed, the da	on the date of filing:	(option.	ing.) Pursuant to 605.0
			
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