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SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE
OCT 18 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2012

SEBLA SELHEP 845 N FORT LAUDERDALE BEACH BLVD FORT LAUDERDALE, FL 33304

SUBJECT: EXTRA TOURISM LLC Ref. Number: L11000002776

We have received your document for EXTRA TOURISM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 312A00024963

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ECT:	Extra	Tourism, LLC		
			ted Liability Company	<u></u>	
		•			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing		•
			_		
Please	return all correspo	indence concerning this matter	to the following:		
			Sebla Selhep		
			Name of Person		
			Extra Tourism		
	•	<u> </u>	Extra Tourism Firm/Company		
		•			
		845 N F	845 N Fort Lauderdale Beach Blvd		Ass =
			Address		12 OCT
		· For	t Lauderdale FL 33304		
		101	City/State and Zip Code		SSE J F
		ocear	nviewdelight@gmail.com		
		E-mail address: (t	nviewdelight@gmail.com o be used for future annual report no	tification)	୍ରି <mark>ଓ ଓ</mark> ଅ
For fun	ther information c	oncerning this matter, please c	all:		3: 03
		ebla Selhep	at (<u>954</u>)	6301351	_
	Name o	rerson	Area Code & Dayt	ime Telephone Number	
Enclose	ed is a check for th	ne following amount:			
₽\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos		Status &

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extra Tourism, 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 and assigned	
Florida document number <u>L11000002776</u> .	
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	1>
(Mailing address MAY BE A POST OFFICE BOX)	.
	Ę
B. If amending the registered agent and/or registered office 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:	

If Changing Registered Agent, Signature of New 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Title Name **Address** Type of Action **MGRM** Sarper Yildirim 531 sw 18th ave unit 41 Fort auderdale Add Remove FL 33312 Remove ☐ Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Share holders distribution:- 1. Sebla S Selhep 90% 2. David J Pearmain 10% 09/28 Signature of a member or authorized representative of a member Ayse S Selhep
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00