

**L120000035831**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

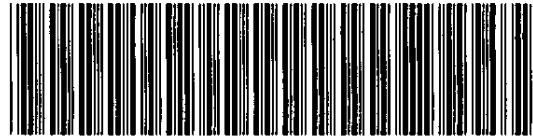
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OCT 31 2012  
L. SELLERS

Office Use Only



400241044044

10/29/12--01034--024 \*\*25.00

**FILED**  
12 OCT 29 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KIM AUTO SALES LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ERHAN SAKAOGLU**  
Name of Person

**ERHAN SAKAOGLU, P.A.**  
Firm/Company

**2701 WEST OAKLAND PARK BOULEVARD SUITE 405**  
Address

**OAKLAND PARK, FL 33311**  
City/State and Zip Code

**ERHAN@SAKALAW.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ERHAN SAKAOGLU** at ( **954** ) **486-3711**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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



**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KAZIM ERDEM	1441 SW 12TH AVENUE SUITE F POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MUSTAFA KURTULUS	1441 SW 12TH AVENUE SUITE F POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MUSTAFA KURTULUS	10131 CROSSWIND RD. BOCA RATON, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated OCTOBER 18, 2012

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee