

L1400004247a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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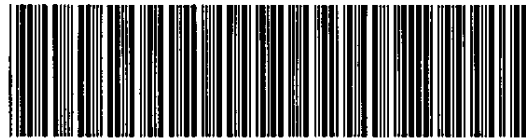
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UNITED SPARE PARTS, 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:

**AHMET COBAN**

Name of Person

**UNITED SPARE PARTS, LLC**

Firm/Company

**2117 West 76th Street**

Address

**Hialeah, FL 33016**

City/State and Zip Code

**ahmetcoban@uspamerica.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ahmet Coban, Manager** at **(786) 469-9309**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2014

AHMET COBAN  
2117 WEST 76TH STREET  
HIALEAH, FL 33016

SUBJECT: UNITED SPARE PARTS, LLC  
Ref. Number: L14000042472

We have received your document for UNITED SPARE PARTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are Removing the Manager and adding the Member on page (2) of the Amendment. The Members name is that the company name of is it individuals?

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 614A00019316

**COVER LETTER**

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Division of Corporations**

**SUBJECT: UNITED SPARE PARTS, LLC**  
Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

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Name of Person

**UNITED SPARE PARTS, LLC**

Firm/Company

**2117 WEST 76TH STREET**

Address

**HIALEAH, FL 33016**

City/State and Zip Code

**ahmetcoban@uspamerica.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ahmet Coban, Manager** at **(786) 469-9309**  
Name of Person Area Code Daytime Telephone Number

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Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**UNITED SPARE PARTS, 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 3/13/2014 and assigned Florida document number L14000042472

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2117 WEST 76TH STREET

**(Principal office address MUST BE A STREET ADDRESS)**

HIALEAH, FL 33016

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

N/A

**New Registered Office Address:**

N/A

*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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>         | <u>Type of Action</u>           |
|--------------|-------------|------------------------|---------------------------------|
| MANAGER      | AHMET COBAN | 2117 WEST 76TH STREET  | <input type="checkbox"/> Add    |
|              |             | HIALEAH, FL 33016      | <input type="checkbox"/> Remove |
|              |             | (NO CHANGE ON RECORDS) |                                 |
| -----        | -----       | -----                  | <input type="checkbox"/> Add    |
| -----        | -----       | -----                  | <input 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.)*

Please correct sole member's name in your records as below:

ULUOVA MAKINA YEDEK PARCA GIDA TEKSTIL TURIZM IC VE DIS PAZARLAMA SANAYI VE TICARET LIMITED SIRKETI

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 13, 2014

  
Signature of a member or authorized representative of a member

**AHMET COBAN, MANAGER**

Typed or printed name of signee

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Filing Fee: \$25.00

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