

L14 000 117418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

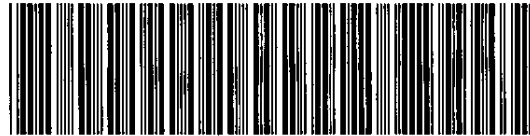
(Business Entity Name)

(Document Number)

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07/29/14--01023--011 \*\*25.00

11/23/14  
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Delta 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:

**Unlu Sedar**

Name of Person

**Delta Parts, LLC**

Firm/Company

**8579 NW 54 Street**

Address

**Doral, Florida 33166**

City/State and Zip Code

**ermandemirbozan@gmail.com**

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

For further information concerning this matter, please call:

**Raimundo Levi**

Name of Person

at **(305) 774-2945**

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

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

Delta 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 07/18/14 and assigned Florida document number L14000113418.

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 "L.L.C."

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

8577 NW 54 Street

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

Doral, Florida 33166

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

8577 NW 54 Street

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

Doral, Florida 33166

**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:

Unlu Sedar

New Registered Office Address:

8577 NW 54 Street

Enter Florida street address

Doral

City

, Florida 33166

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.*

*[Signature]*  
**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>
ambr	Unlu Serdar	8577 NW 54 Street	<input checked="" type="checkbox"/> Add
		Doral, Florida 33166	<input type="checkbox"/> Remove
ambr	Bahadir Keser	8577 NW 54 Street	<input checked="" type="checkbox"/> Add
		Doral, Florida 33166	<input type="checkbox"/> Remove
ambr	Bora Celenk	201 Alhambra Circle, Suite 501	<input type="checkbox"/> Add
		Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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(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)

Signature of a member or authorized representative of a member

UNLU SEDAR

Typed or printed name of signee