

LN000117623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

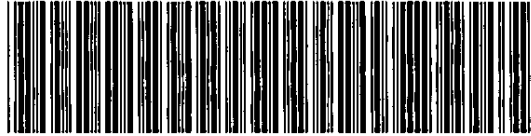
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900289172109

08/18/16--01008--012 \*\*25.00

2016 AUG 19 P 2: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 22 2016  
BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SEADROP 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:

HAKTAN KILIC  
Name of Person  
SEADROP LLC  
Firm/Company  
1405 HEAVENLY COVE  
Address  
WINTER PARK ,FL 32792  
City/State and Zip Code  
seadrop1lc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAKTAN KILIC at (305) 6807142  
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

2016 AUG 19 P 2:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SEADROP 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 06/17/2016 and assigned Florida document number L16000117623.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1405 HEAVENLY COVE

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

WINTER PARK, FL 32792

Enter new mailing address, if applicable:

1405 NEW HEAVENLY COVE

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

WINTER PARK, FL 32792

FILED  
2016 JUN 19 P 2 20  
SECRETARY OF STATE  
ALL CHANGES, FLORIDA

**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:**

*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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HAKTAN Y KILIC	1405 HEAVENLY COVE	<input type="checkbox"/> Add
		WINTER PARK, FL 32792	<input type="checkbox"/> Remove
		(TITLE CHANGE FROM MGR)	<input checked="" type="checkbox"/> Change
MEMB	MUSTAFA KALAYCI	1405 HEAVENLY COVE	<input type="checkbox"/> Add
		WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 AUG 19 P 2:20  
 TALLAHASSEE  
 OFFICE OF STATE  
 RECORDS

**FILED**

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

YUSUF AKIN OWNS %35 COMPANY.

HIKMET AKIN OWNS %35 COMPANY.

HAKTAN Y KILIC OWNS %30 COMPANY.

FILED  
2016 AUG 19 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA


**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST 20, 2016

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

Haktan Y. Kilic  
\_\_\_\_\_  
Typed or printed name of signee