

L2300018541 2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

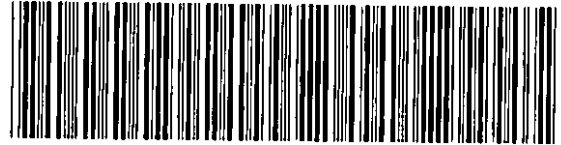
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2023 NOV -2 PM 12:40

RECEIVED
2023 NOV -2 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT
11/2/23

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$55.00

Authorization Signature: _____ : 

ESEN TRANSPORTATION LLC _____ **L23000185417**

BUSINESS NAME _____ **DOCUMENT #**

X Certified Copy

Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Limited Liability
- Domestication
- LLLP
- CORP
- Other
- Other

AMMENDMENTS

- X Amendment**
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Restated Articles of Incorporation
- Statement of Authority

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 DIVISION OF CORPORATE &
 STATE AFFAIRS

OTHER FILINGS

- Apostille
- Country
- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Reinstatement
- Qualification
- Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESEN TRANSPORTATION 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:

MUHAMMED UZUM

Name of Person

GRAPE LAW FIRM PLLC

Firm/Company

1350 BROADWAY, STE 1800

Address

NEW YORK, NY 10018

City/State and Zip Code

MYCASE@GRAPELAW.COM

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

AHMET TURKOGLU

212 4338383

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ESEN TRANSPORTATION 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 04/14/2023 and assigned Florida document number L23000185417.

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:

7901 4TH ST N STE 300

(Principal office address MUST BE A STREET ADDRESS)

ST. PETERSBURG, FL 33702 USA

Enter new mailing address, if applicable:

7901 4TH ST N STE 300

(Mailing address MAY BE A POST OFFICE BOX)

ST. PETERSBURG, FL 33702 USA

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DIVISION OF CORPORATE & FINANCIAL SERVICES
STATE OF 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, Florida 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	ESEN DEMIREZEN	8051 N. TAMIAMI TRAIL STE E6	<input type="checkbox"/> Add
		SARASOTA, FL 34243	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ESEN DEMIREZEN	7901 4TH ST N STE 300	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<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

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OFFICE OF THE SECRETARY
FLORIDA DEPARTMENT OF
REVENUE

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

Multiple horizontal lines for amending information.

2023 NOV -2 PM 12:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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 NOVEMBER 2ND 2023

Signature of a member or authorized representative of a member

MUHAMMED UZUM, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00