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FORETARY OF STATE

LLL/HASSEEL FLORIDA

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**3** MASON

# **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Hecho	Cookwara	ed Liability Company	
	Name of Linia	ed Daointy Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
-	Ahmet M	Name of Person	
·		Firm/Company	
		a Jw. Apt.	}
	Boca Rat	City/State and Zip Code	3
_	MARCIO	be used for future annual report	otification)
For further information conce	erning this matter, please ca	II:	
Musat 1/2h	heui'h	at (SOS) 6	006591
Name of Per	rson	Area Code Day	time Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	3\$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

a Cookware Co. 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  $\frac{9/15/2015}{}$  and assigned 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

### 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 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

AMDK - A	ithorized Michiber		
<u>Title</u> MNG	Name Poven Madeni Mutfak Esyalari San. Tic. LTD	Address FSM Mah. Bilgi Sk NO: 45/A Sariyer-Islanbul IS 344707	Type of Action
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an effection ocume e reco	ctive 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a not's effective date on the Department of State's records.  Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.

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