L06000049458

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FILED

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T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

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MHFS GROUP 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:

CEVIK, MUSTAFA S

Name of Person

MHFS GROUP LLC

Firm/Company

325 W ANSIN BLVD

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

kubilay@sefastone.com

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

For further information concerning this matter, please call:

KUBILAY CEVIK

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,954,391 6016

Name of Person

Arca 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 Capy

(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/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MI	1FS GROUP LLC	•
(Name of the Limited Liabili	ty Company as it now appears Limited Liability Company)	s on our records.)
(A Florida	a Limited Liability Company)	
en como do como de esta de est	C	05/12/2006SE amd assigned
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document numberL06000049458	·	三
,		S
This amendment is submitted to amend the following:		Ma 2 1
this differential is submitted to mind are sollowing,		
A. If amending name, enter the new name of the lin	<u>mited liability company her</u>	STAT ORD
		96 -
The new name must be distinguishable and end with the w	ords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
"L.L.C."		•
Yang and the standard and allower to any Parking		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
•		
Enter new mailing address, if applicable:	•	•
5		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg		ur records, <u>enter the name of the new</u>
registered agent and/or the new registered office ad	<u>dress here:</u>	
Name of New Registered Agent:		
_		
New Registered Office Address:	D	er Florida street address
	Eni	er rioriaa street aaaress
		, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address I	ype of Action
MGR	KUBILAY CEVIK	325 W ANSIN BLVD HALLANDALE BEACH, FL 33009	✓Add
			Remove
			Add
			Remove
		1 5	≅∐ Add
		AL-LAHA	Remove
	•	NSSEE FLORIDA	LED 20 PM
		ORIGINAL PROPERTY OF THE PROPE	F Add
			Remove
			Add
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			Add
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Novembe	- 14-	2013		
1000	<u> </u>	, <u>==-, </u>		
	Signature of	a member or author	ized representative of	a member
		SELCU	K CEVIK	
		Typed or printed	name of signee	
		Рада	2 of 2	

Page 3 of 3

Filing Fee: \$25.00

