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(Requestor's Name) (Address) (Address) 9003129724	
(City/State/Zip/Phone #)	05/07/1801030001 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED DIVISION OF CORPORA 18 MAY - 7 AH &
Special Instructions to Filing Officer:	
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## **COVER LETTER**

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SURIECT	IVAMIS T	RADING, LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fcc(s) are sub	unitted for filing.	
		ondence concerning this matter	-	
		ASTRID de PARRY, ESC	QUIRE	
			Name of Person	
		Astrid de Parry, P.A.		
			Firm/Company	
		107 E. Church St.		
			Address	
		DeLand, FL 32724		
		······································	City/State and Zip Code	<u> </u>
		email@delandattorncy.com	to be used for future annual report not	
	• • •	• •		fication)
		oncerning this matter, please c		
ASTRID d	ie PARRY, ES	-	386 736-1223 at () Area Code Daytim	e Telephone Number
	Name o	fPerson	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne following amount:		
₽ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### IVAMIS TRADING, 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 <u>May 12, 2008</u> and assigned Florida document number <u>1.08000047320</u>.

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 Liabil	ty Company," the designation "LLC" or the abbreviation "L.L	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18 	SECRE TAR
Enter new mailing address, if applicable:		OF SIA
(Mailing address MAY BE A POST OFFICE BOX)		TIONS

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:	METE TARHAN	
New Registered Office Address:	933 Beville Road, 102-11	
<u>- 1210 - 1420 - 141 - 2</u>	Enter Fl	orida street address
	South Daytona	, Florida <u>32119</u>
	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

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Title	<u>Name</u>	Address	Type of Action
AMBR	ERHAN SIMAVI	933 Beville Road, 102-H	bb∧ CI
		South Daytona, FL 32119	Remove
			Change
MGR	METE TARHAN	933 Beville Road, 102-H	<b>B</b> Add
		South Daytona, FL 32119	🗅 Remove
			Change
	×	·	🗆 Add
			Remove
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		. <u></u>	Remove
			Change

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

Article V

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	<u>, 67</u>
ive date, if other than the date of filing: <u>4/112018</u> ective date is listed, the date must be specific and cannot be prior to date of filing or m If the date inserted in this block does not meet the applicable statutory filing ent's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 60! g requirements, this date will not be list
cord specifies a delayed effective date, but not an effective t 90th day after the record is filed.	ime, at 12:01 a.m. on the earli
<u>4-26-2018</u> , 2018. Mit Id	
Why I d	
Signature of a member or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00