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COVER LETTER

TO:

Registration Section
Division of Corporations

SUR IFCT:

MARCO TOWN CENTER CLEANERS 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:

BARIS A KASAP

Name of Person

MARCO TOWN CENTER CLEANERS LLC

Firm/Company

1069 N COLLIER BLVD #212

Address

MARCO ISLAND, FL 34145

City/State and Zip Code

HAYIRSEVER@HOTMAIL.COM

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

For further information concerning this matter, please call:

BARIS A KASAP

239 970-2526

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCO TOWN CENTER CLEANERS 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 Li Florida document number L08000109725	ability Company were filed on _	11/26/2008 and	l assigned
This amendment is submitted to amend the following		A A A A A A A A A A A A A A A A A A A	
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Cor	mpany," the designation "LLC" or the designati	the abbreviation
Enter new principal offices address, if applica	able:	* 54	
(Principal office address MUST BE A STREE	T ADDRESS)		
Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:	or registered office address o	n our records, enter the nam	ie of the new
New Registered Office Address:	1069 N COLLIER BL	.VD #212	
New Registered Office Address.	Enter Florida street address		
	MARCO ISLAND	, Florida 34145	
	City	Zip (Code
New Registered Agent's Signature, if changing F	legistered Agent:		
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regis being filed to merely reflect a change in the company has been notified in writing of this	roper and complete performatistered agent as provided for the registered office address. I her change.	rce of my duties, and I am fami Chapter 608, F.S. Or, if this a	iliar with and locument is ability

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALPER KASAP	731 W ELKCAM CIR #B109	Add
		MARCO ISLAND FL 3414	Remove
MGRM	KARIN F KASAP	731 W ELKCAM CIR #B109	Add
		MARCO ISLAND FL 3414	5 Remove
MGR	BARIS A KASAP	1069 N COLLIER BLVD #212	Add
		MARCO ISLAND FL 3414	E Remove
			Add
		11. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	Remôve
		Fig. Day	Add Remove
			Remove

D. If amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
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Pated 1110 13	/ /
	Mul Well (DP)
	Supplied the member or authorized representative of a member
	Typed or printed name of signee
	/ Page 3 of 3
	Filing Fee: \$25 AA

TALLAHASSEL FLORES