

LO9 0000025674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO9-25674

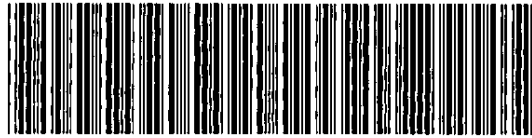
(Document Number)

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Office Use Only

S. HAWKES  
MAY 01 2009  
EXAMINER



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04/20/09--01037--024 \*\*55.00

FILED  
09 APR 28 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

EXAMINER

(Handwritten signature)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2009

MURAT GAZI VURAL  
7635 ASHLEY PARK COURT SUITE 503  
ORLANDO, FL 32835

SUBJECT: MTS INTERNATIONAL LLC  
Ref. Number: L09000025674

We have received your document for MTS INTERNATIONAL LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 009A00013539

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MTS International LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MURAT GAZI VURAL  
(Name of Person)

MTS FLORIDA LLC  
(Firm/Company)

7635 ASHLEY PARK COURT, SUITE 503  
(Address)

ORLANDO, FL 32835  
(City/State and Zip Code)

For further information concerning this matter, please call:

MURAT G. VURAL at ( 407 ) 860 9667  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MTS INTERNATIONAL 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 03.16.2009 and assigned  
Florida document number L09000025674

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~MTS FLORIDA LLC~~ MTS-USA LLC  
The new name must be distinguishable and end with 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)

7635 ASHLEY PARK COURT  
SUITE 503  
ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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)

(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 Changing Registered Agent, Signature of New Registered Agent)

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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
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|              |             |                |                                 |

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SECRETARY OF THE  
TALLAHASSEE FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 03.17.2009



Signature of a member or authorized representative of a member

MURAT GAZI VURAL

Typed or printed name of signee