#1.0900005-9143

(R	equestor's Name)		
(A	ddress)		
, (A	ddress)		
(C	ity/State/Zip/Phone #	<i>‡</i>)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name)	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to Filing Officer:			

Office Use Only



300188147953

12/02/10--01027--012 **55.00



EXAMINER
DEC 3 2010

COVER LETTER

4.3	* ,	,	
TO:	Registrati	on Section	
	Division of	f Corporation	S

SUBJECT:		IELBOURNE, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		JAHIT H. KAVURT	-
		Name of Person	
	KAVL	JRT LAW OFFICES, P.A.	
		Firm/Company	
	636	WEST YALE STREET	
		Address	
	C	DRLANDO, FL 32804	
		City/State and Zip Code	
	KAV	/URTLAW@AOL.COM o be used for future annual report notificati	ion)
D. Contract Committee			ou)
For further information co	oncerning this matter, please c	au:	
JAHI	T H. KAVURT	at \	2-0621
Name of	Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for th	e 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

₩ DEC -2 PH 2: 35

	0 -	\sim	N 4 FT	-	JRNE.	$\mathbf{I} \mathbf{I} \mathbf{A}$
- R	Z. I }	{ J}	N/I - I	H \circ	IRIVIE	
	u	\sim			JI VI VI	

(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 _______06/18/2009 ____ and assigned L09000059143 Florida document number ____ 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 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) 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 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member, being added or removed from our records</u>:

MGR'= Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ATES, ALI B.	4520 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904	Add Remove
<u>MGRM</u>	SAFAK, MEHMET D.	4520 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904	Add Remove
MGRM	DURSUN-SAFAK, MEHMET	4520 WEST NEW HAVEN AVENUE MELBOURNE, FL 32904	Add Remove
			Add Remove
			∏Add Remove
 -			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
_			 -
 Dated	NOVEMBER 22 20°	10 / 1/	_
	,	Mefel	
	Signature of a member	or authorized representative of a member	
		ET DURSUN SAFAK	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00