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SECRÉTARY OF STATE

SLLAHASSEE, FLORIDI

J. BRYAN

OCT -5 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		1	≈ •
SUBJECT: Anatolia Medite			erranean Nights, Ll	LC.
			ted Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
				PILE PH 1: 02 09 OCT -2 PH 1: 02 SECRETARY OF STATE TALL AHASSEE. FLORID S, LLC.
			Kutay Ivak	
			Name of Person	255 Z
Anatolia			Mediterranean Nights	s. LLC.
			Firm/Company	FLO.
			699 NW 12th Ave.	RIGHT
			Address	
		5	D (El : 004)	00
		B00	ca Raton, Florida 3348 City/State and Zip Code	86
		K	avasoglu@gmail.com	1
		E-mail address: (to be used for future annual repo	ort notification)
For fu	rther information	concerning this matter, please of	eall:	
		Kutay Ivak	at (561.)	809-5581
Name of Person		Area Code &	z Daytime Telephone Number	
Enclos	sed is a check for	the following amount:		
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis	LING ADDRESS: stration Section tion of Corporations Box 6327	Registration	f Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anatol	ia Mediterra	nean Nights,	LLC.	器品
(Name of the Limited	l Liability Comp A Florida Limited	any as it now appea Liability Company)	rs on our records.)	PH 1: 02
The Articles of Organization for this Limited I		y were filed on	06/23/2009	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company he	<u>re</u> :	
	N/	Ά		
The new name must be distinguishable and end w 'L.L.C."	ith the words "Lin	nited Liability Comp	eany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		E.	nter Florida street ad	dress
			, Florida _	
		Citv		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

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

MGR = Manager

MGRM	I = Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	M Bahadir Ziya	507 SE MIZNER BLVD	☐ Add
		BOCA RATON FL 33432 US	
MGRM	Ahmad Abaza	4941 NW 51st Street	✓ Add ←
		Coconut Creek, Fl. 33073	
	_		Add Remove
			Add Remove
			Add
		,	
			AddRemove
D. If a	mending any other information, enter ch	ange(s) here: (Attach additional sheets, if nece.	ssary.)
	Correction on Member's address:		
	Yekta Kavasoglu		
	6500 W. Rogers Circle		09 C
	Suite 8000		HASS
	Boca Raton, Fl. 33487 US		2 P
Dated _	September 29	2009	D 1:02 STATE FLORIDA
	Signature of a mer	nker or authorized representative of a member Kutay Ivak	
	Ty	rped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00