

L10000041883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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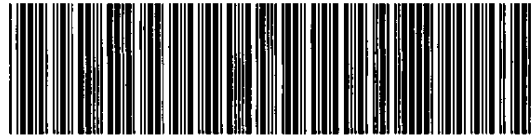
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. G. Gentry JUL 16 2010

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BEK & TAS GOLD, 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:

RIZA OZTURK  
Name of Person  
BEK & TAS GOLD, LLC  
Firm/Company  
36 NE 1ST STREET SUITE# 550  
Address  
MIAMI/ FL 33132  
City/State and Zip Code  
riza\_ozturk@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RIZA OZTURK at ( 305 ) 416 4929  
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



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>	<u>Address</u>	<u>Type of Action</u>
MGR	RIZA OZTURK	90SW 3RD STREET APT# 3204 MIAMI, FL 33130	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

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 TALLAHASSEE, FLORIDA

Dated JULY 09, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

RIZA OZTURK  
 \_\_\_\_\_  
 Typed or printed name of signee