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| (Req | uestor's Name) | |
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| (Add | ress) | |
| (Add | ress) | |
| (City. | /State/Zip/Phone | e #) |
| PICK-UP | | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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C. LEWIS

SEP 1 3 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: KOZIKOGLU, M FLORIDA 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: | | | |
| GEORGE LOUIS Name of Person | | | |
| KOZIKOGLU. M. FLORIDA. LLC. Firm/Company | | | |
| 6158 CLARK CENTER AVE | | | |
| SARASOTA FL 34238 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Name of Person at (941) 504-7618 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount: | | | |
| \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee, 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

FILED

2018 SEP 10 PM 28 88

SECRETARY OF STATE

| (4110 | | |
|---|--|--|
| The Articles of Organization for this Limited Liabili | ity Company were filed on 6-16-2010 and assigned | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the limited liability company here: | | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable | : | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO) | νο | |
| | | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | egistered office address on our records, <u>enter the name of the new address here</u> : | |
| Name of New Registered Agent: | The state of the s | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| _ | , Florida | |
| | City Zip Code | |
| New Registered Agent's Signature, if changing Regis | Rtered 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 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** ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00