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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Name	
(Document Number)		
Certified Copies	Certificates of	f Status
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2017.MAY -8 AH IO: OF STATE SECRETARY OF STATE AH ASSEE FLORID

J. HARRIE

M A R T I N S . Z I P E R N , L L C ATTORNEY AT LAW ADMITTED NEW JERSEY & NEW YORK

1 CHANNEL DRIVE SUITE 409 MONMOUTH BEACH, NJ 07750 PHONE 908 347 1111

EMAIL: MARTIN@ZIPERN.COM

ROCKLAND COUNTY OFFICE 75 MONTEBELLO ROAD SUFFERN, NY 10901 PHONE 845 357 2215 FAX 845 357 2215

REPLY TO MONMOUTH BEACH, NJ

May 2, 2017

Registration Section Division of Corporations POB 6327 Tallahassee, Fl 32314

RE: Mode Carbon LLC

Dear Sir/Madam:

I enclose herewith Articles of Amendment for Mode Carbon LLC. The purpose of this Amendment is to remove Nicholas Panayotidis as a Member and to leave Samuel Akdemir as the sole remaining Member.

My check in the amount of \$30.00 is enclosed.

Kindly return the Certificate of Status verifying that Samuel Akdemir is in fact the sole remaining Member to the following address:

Martin S. Zipern 5080 North Ocean Drive Riviera Beach, Fl 33404

Martin S. Zipern

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	:cт: <u>Моъ г</u>	CAA BOW Name of Lim	LLC ited Liability Company	
The en	closed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		MARTIN	Name of Person	
			Firm/Company	
		5080 Nor.	Address	Surr 15-3
		RIVIERA	REACH FL 3 City/State and Zip Eode	3404
		E-mail address: (to be used for future annual report no	tification)
For fur	ther information con	cerning this matter, please ca	all:	
	Name of P	S. Z, PENW erson	at (<u>908</u>) <u>3 47</u> Area Code Daytii	ne Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$25	5.00 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

MODE CARD	on rrc	<u>.</u>		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on conited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com	pany were filed on 500	y 8, 2011	_ and assig	gned
Florida document number L 11000 103039.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LLC" or the abbre	viation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>	A	S. 25	
		LAF		
		HAS	7	Contractors.
Enter new mailing address, if applicable:		SEE	⇔	Sandard (
(Mailing address MAY BE A POST OFFICE BOX)		تر	두 로	
manning wantest that print to the City of the Both		LORID	***	Sant C
		——————————————————————————————————————	m &	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter th	e name o	f the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	reet 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
· · · · · · · · · · · · · · · · · · ·	MEHOLAS PANAYO	21617	Add
	·	700 RTE 9W SOUTH	Remove
ANA 61 NG		NYACK, WY 10960	Change
MEMBER	SAMUEL A KDEMIA	8 WALENZA LANE	À Add
		BLAUFELT, NY 10913	☐ Remove
			Change
			□ Add
			□ Remove
			Change
***************************************			Add
		•	Remove
			Change
			S S T
			Remove Remove
		+ LORIDA	OF STATE DOOD
			Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) VICHOLAS PANAYOTIDIS HAS RESIGNED	
4	FROM MODE CARBON LIC	
	THE SOLE REMAINING MEMBER	
	IS SAMUEL AKSEMIR	
_		
		_
		
		
	·	_
If an effec Note: If documer ne reco	e date, if other than the date of filing:	isted as the
Dated _	MAY 1, 2017	201
	Signature of a member or authorized refresentative of a member	
	Typed or printed name of signee	
	Page 3 of 3	⊋ 20

Filing Fee: \$25.00

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