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SECRETARY OF STATE

J. BRYAN

JUN - 7 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	BLAC	K LIMO LLC	
<u> </u>	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ABI	DULLATIF UGUR YASA	
		Name of Person	· 是 是 不
		BLACK LIMO LLC Firm/Company	THE JUN-6 MIN: 02 THE LAND OF STATE OR DE
		· mis company	
		7191 MARCONI CT	
		Address	S S
		NAPLES, FL 34114	
		City/State and Zip Code	
	E-mail address: (purvasa@vahoo.com to be used for future amual report notifica	tion)
For further information	concerning this matter, please of	ail:	
	Ugur Yasa of Person	at (<u>954)</u> 60 Area Code & Daytime T	81-5952
Nathe	or reison	Area Code & Dayunie 1	еверионе нашност
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AND THE PROPERTY OF THE PARTY O

BLACK LIMO LLC
(Name of the Limited Liability Company as it now appears on our records.)

(Å	Florida Limited L	iability Company)		6.6.6.			
The Articles of Organization for this Limited Lia	bility Company	were filed on	nuary 03, 2012	and assigned			
orida document number L12000000848							
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	ble:	7191 Marconi Ci					
(Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34114					
Enter new mailing address, if applicable:		7191 Marconi Ct.					
(Mailing address MAY BE A POST OFFICE BOX)		Naples, FL 34114					
B. If amending the registered agent and/or registered agent and/or the new registered off			records, enter t	he name of the new			
Name of New Registered Agent:	Abdullatif Ugur Yasa						
New Registered Office Address:	v Registered Office Address: 7191 Marconi Ct. Enter Florida street address						
		Naples	, Florida	34114			
		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 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

Type of Action **Title Address** <u>Name</u> 1004 Manatee Rd H 102 Naples, FL 34114 MGR Alp R Erol ☐ Add Remove ☐ Add Remove \prod Add ☐ Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ June 04 2012 Signature of a member or authorized representative of a member Abdullatif Ugur Yasa
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00