## L12000062292

Office Use Only



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SECRETARY OF STATE

MAY 2, 2013 EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2013

BILAL BINICI / XN ARMS LLC 4980 PATCH ROAD SUITE D ORLANDO, FL 32822

SUBJECT: XN ARMS LLC Ref. Number: L12000062292

We have received your document for XN ARMS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 113A00006481

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

XN Arms 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:

Name of Person

XN ARMS LLC

Firm/Company

4980 Patch Rd Suite D

Address

Orlando FL 32822

City/State and Zip Code

binici.bilal@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bilal Binici

585<sub>)</sub>737-0622

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 MAY -1 PM 1:58

SECRETARY OF STATE

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit	v Company were filed on 05/08/20	12 and assigned
Florida document number <u>L12000062292</u>		
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the	imited liability company here:	
Anatolia Manufacturing Company LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the nev
Name of New Registered Agent:	·····	
New Registered Office Address:		
	Enter Flor	ida street 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
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	SECRETARY OF STATE TALLAHASSEE, FLORIDA.
	Signature of a member or authorized representative of a member
-	Signature of a member or authorized representative of a member  X Bilal Binici Typed or printed name of signee  Page 3 of 3  Filling Fee: \$25.00