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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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AUG 26 2014  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

KAS METAL RECYCLING LLC

SUBJECT: \_\_\_\_\_  
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:

JAHIT H. KAVURT

\_\_\_\_\_  
Name of Person

KAVURT LAW OFFICES, P.A.

\_\_\_\_\_  
Firm/Company

636 WEST YALE STREET

\_\_\_\_\_  
Address

ORLANDO, FL 32804

\_\_\_\_\_  
City/State and Zip Code

KAVURTLAW@AOL.COM

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

For further information concerning this matter, please call:

JAHIT H. KAVURT

407 472-0621

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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KAS METAL RECYCLING LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>DENIZ, BARIS</u>	<u>4750 OLD TAMPA HWY.</u>	<input type="checkbox"/> Add
		<u>KISSIMMEEE, FL 34746</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>SOLAK, MEHMET L.</u>	<u>4750 OLD TAMPA HWY.</u>	<input type="checkbox"/> Add
		<u>KISSIMMEE, FL 34746</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>SOLAK, MEHMET L.</u>	<u>4750 OLD TAMPA HWY.</u>	<input checked="" type="checkbox"/> Add
		<u>KISSIMMEE, FL 34746</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>ONSOY, ALISAN</u>	<u>4750 OLD TAMPA HWY.</u>	<input checked="" type="checkbox"/> Add
		<u>KISSIMMEE, FL 34746</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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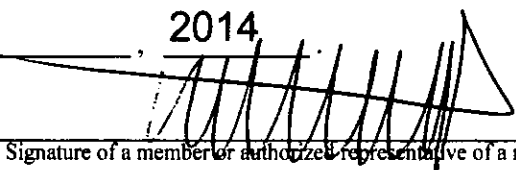
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 15, 2014

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

**MEHMET LEVENT SOLAK**

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

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Filing Fee: \$25.00

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