

L13000063598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

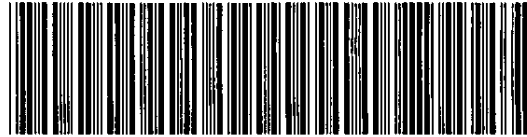
(Document Number)

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TALLAHASSEE, FLORIDA

Uly
9/19/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagine Motorcycles 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:

Kaan Orer

Name of Person

imagine motorcycles llc.

Firm/Company

5231 e colonial dr

Address

orlando fl 32807

City/State and Zip Code

service@imaginemotorcycle.com

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

For further information concerning this matter, please call:

kaan orer

Name of Person

at 407 203 0000

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

Imagine Motorcycles 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>
Mgr	Kaan Orer	7324 E.Colonial Dr	☒ Add
		Orlando FL 32807	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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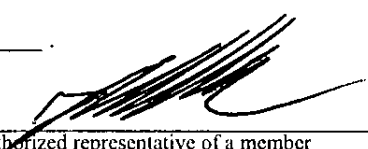
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I just would like to change the address of the authorized person, Kaan Orer,
address to 7324 E. Colonial Dr Orlando FL 32807. The old address
was the 5801 lake champlain dr Orlando FL 32829. Please take it off
also we are changing our mailing address as above to 5231
E. Colonial Dr. Orlando FL 32807.

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 09/05, 2014



Signature of a member or authorized representative of a member

Kaan Orer

Typed or printed name of signee

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Filing Fee: \$25.00

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