# L13000094597

(Re	equestor's Name)	******	
(Ac	ldress)		
(Ac	idress)		
· (Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
:			
	Office Use Or	nlv	



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October 7, 2015

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TENILLE N. HOSTEN 3500 POWERLINE ROAD OAKLAND PARK, FL 33309

SUBJECT: NIL & ALAN LLC Ref. Number: L13000094597

We have received your document for NIL & ALAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P05000123201 N.I.L.A. INC...

Please return 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.

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

Letter Number: 115A00021186

## COVER LETTER :

TO: Registration Se Division of Cor							
ار NIL & ALA							
SUBJECT:							
	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	Tenille N. Hosten						
	Name of Person						
	Tax Freedom Alliance						
		Firm/Company					
	3500 Powerline Road						
	Address						
	Oakland Park, FL 33309						
City/State and Zip Code							
tenille@taxfreedomalliance.com  E-mail address: (to be used for future annual report notification)							
		•	ication)				
For further information co	oncerning this matter, please ca	all:					
Tenille N. Hosten		954 972-3004 at ( )					
Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for th	e 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

NIL & ALAN, LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	_)
he Articles of Organization for this Limited I lorida document number L13000094597		ny were filed on July 2, 2013	and assigned
his amendment is submitted to amend the fol	llowing		
. If amending name, enter the new name of	of the limited li	ability company here:	
ALPARSLAN, LLC			
he new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		N/A	
Principal office address MUST BEA STRE	ET ADDRESS)		
		N/A	
nter new mailing address, if applicable:		1071	
Mailing address MAY BE A POST OFFICE	(BOX)		
s. If amending the registered agent and egistered agent and/or the new registered of			, enter the name of the
egistered agent and/or the new registered	Milee address ii	<u> </u>	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stræt address	
			rida
		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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Alan R. Lewis	1600 McMahon Rd., Unit 1613	
·		Wheaton, MD 20902	■ Remove
			Change
MGR	Nil A. Lewis	925 E. Commercial Blvd.	
		Oakland Park, FL 33334	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		i :	☐ Add
			Remove
		STATE STATE	Change
		DE P	بير Add س
		<u> </u>	□ Remove
			Change

	NA S							
			C					
(If an effi Note:	ective date is listed.  If the date insert	r than the date o the dae must be spec ed in this block doe ate on the Departme	ific and cannot be s not meet the ap	prior to date of filing policable statutory ords	gormore than 90 d filing requireme	(optional) ays after filing.) nts, this date v	Pursuant to 605.0 vill not be listed	0207 (3)(b) d as the
f the rec	ord specifies:	a delayed effec	ive date, but		ve time, at 1	2:01 a.m. c	n the earlie	r of:
b))#The	90th day afte	if the record is	filed					
Dated _		W.A.	LUS.					
	Nil A. Lewis	Signatur	e of a member on	authorized represen	tative of a member			
			Typedior	rinted name of sign	iee			

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Filing Fee: \$25.00