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(Requestor's Name)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
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08/14/13--01013--001 \*\*25.00



### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT

**OZON USA,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:

## OGUZHAN ONUR KASAR

Name of Person

Firm/Company

## 1570 LAKE BALDWIN LANE #B

Address

ORLANDO, FL 32814

City/State and Zip Code

RUNOKA@HOTMAIL.COM

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

For further information concerning this matter, please call:

# OGUZHAN ONUR KASAR

\_\_407 \**927-444**8

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)

Certificate (Estatus & Certificate 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

OZON USA, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000099076	Company were filed on <u>07/12/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
MIMAAR DEVELOPMENT, LLC		
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	· · · · · · · · · · · · · · · · · · ·	er the name of the new
Name of New Registered Agent:		CON F F
New Registered Office Address:		
•	Enter Florida street , 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 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

<u> fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
- <del>14 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - </del>			
		10100	Remove
			Add
			Remove
			Add
			Remove
			SSI
			Add Remove
		···	PRemove
			Add
			Remove
	•		

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ted _	08/12/20/3,
	Signature of a member or authorized representative of a member
	OGUZHAN ONUR KASAR
	Typed or printed name of signee

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Filing Fee: \$25.00

13 AUG 14 AH ID: 35
SECKETARY OF STATE
TALLAHASSEE, FLORID,