

L13000150778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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APR 04 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2014

BEYTULLAH ATMACA
18132 CLEAR BROOK CIR
BOCA RATON, FL 33498

SUBJECT: 6200 NW 2ND AVE LLC
Ref. Number: L13000150778

We have received your document for 6200 NW 2ND AVE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 914A00006463

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TALLAHASSEE FLORIDA
CLERK OF THE COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6200 NW 2ND AVE 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:

BEYTULLAH ATMACA / ZAHIDE DIKEC ATMACA
Name of Person

6200 NW 2ND AVE LLC.
Firm/Company

18132 CLEAR BROOK CIR. BOCA RATON FL 33498
Address

BOCA RATON FL 33498
City/State and Zip Code

BATMACA@BELL SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEYTULLAH ATMACA at (561) 716-8009
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE FLORIDA

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**

6200 NW 2ND AVE LLC.

(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 Liability Company were filed on 10/25/2013 and assigned Florida document number L 13000150778

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M & B Investment Trust LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

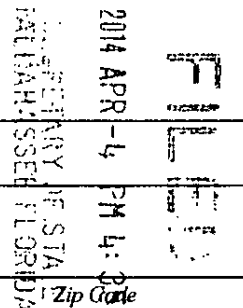
Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City



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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 ALABAMA SECRETARY OF STATE
 MONTGOMERY, ALABAMA

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

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 3/13/2014

Zahide Dilek Atmaca / Beytulh Atmaca
Signature of a member or authorized representative of a member

Zahide Dilek Atmaca BEYTULLAH ATMACA
Typed or printed name of signee

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