

L14 0000009683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/04/14 09:00 AM  
FEB 4 2014  
09:00 AM

B. BOSTICK

FEB 19 2014

F. WAGNER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **TRAVEL & IT TECHNOLOGIES FOR TRAVEL INDUSTRY 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:

**MARSHA SIHA**

Name of Person

**INCFILE.COM LLC**

Firm/Company

**134 VINTAGE PARK BLVD A-50**

Address

**HOUSTON, TX 77070**

City/State and Zip Code

**MARSHA@INCFILE.COM**

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

For further information concerning this matter, please call:

**MARSHA SIHA**

Name of Person

at **(888) 462-3453 X 701**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TRAVEL & IT TECHNOLOGIES FOR TRAVEL INDUSTRY 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 01/17/2014 and assigned  
Florida document number L14000009683.

This amendment is submitted to amend the following:

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

MIYEDO 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:

HUSEYIN BURAK KOKER

New Registered Office Address:

11500 N. DALE MABRY HWY APT 2014

Enter Florida street address

TAMPA

City

, Florida 33618

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.*

  
Huseyin Burak Koker  
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
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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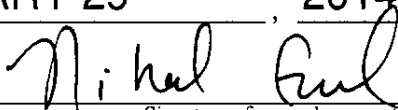
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 JANUARY 29, 2014



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

NIHAL GUL

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

FILED  
2014 FEB 19 PM 3:43  
CLERK OF COURT  
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2014

MARSHA SIHA  
INCFILE.COM LLC  
134 VINTAGE PARK BLVD. A-50  
HOUSTON, TX 77070

SUBJECT: TRAVEL & IT TECHNOLOGIES FOR TRAVEL INDUSTRY LLC  
Ref. Number: L14000009683

We have received your document for TRAVEL & IT TECHNOLOGIES FOR TRAVEL INDUSTRY. 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 814A00002676