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(Address)

(Address)

(City/State/Zip/Phone #)

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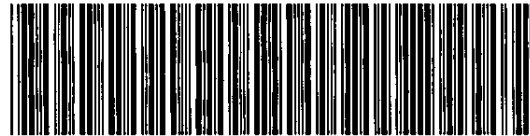
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Square Mall Realty Management, 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:

Adam Miller

Name of Person

Miller Miller Menthe LLP

Firm/Company

1500 Quail St., Ste 490

Address

Newport Beach, CA 92660

City/State and Zip Code

amiller@millermenthelaw.com

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

For further information concerning this matter, please call:

Adam Miller

Name of Person

at

714 403-2785

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lake Square Mall Realty Management, 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 March 4, 2014 and assigned Florida document number L14000036543.

This amendment is submitted to amend the following:

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

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)

Lake Square Mall

10401 US Highway 441, Management Office: Suite 336-A

Leesburg, FL 37488

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Lake Square Mall

10401 US Highway 441, Management Office: Suite 336-A

Leesburg, FL 37488

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:

Coskun Bayraktar

New Registered Office Address:

10401 US Highway 441, Management Office: Suite 336-A

Enter Florida street address

Leesburg

City

Florida 37488

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

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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	VIA PORT LLC	10401 US Highway 441	<input checked="" type="checkbox"/> Add
		Management Office: Suite 336-A	<input type="checkbox"/> Remove
		Leesburg, FL 37488	
MGR	Mehran Kohansieh	1010 Northern Blvd.	<input type="checkbox"/> Add
		Great Neck, NY 11021	<input checked="" type="checkbox"/> Remove
AMBR	Fuat Agsak	10401 US Highway 441	<input checked="" type="checkbox"/> Add
		Management Office: Suite 336-A	<input type="checkbox"/> Remove
		Leesburg, FL 37488	
AMBR	Cenk Hayirlioglu	10401 US Highway 441	<input checked="" type="checkbox"/> Add
		Management Office: Suite 336-A	<input type="checkbox"/> Remove
		Leesburg, FL 37488	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 September 18, 2014

Signature of a member or authorized representative of a member

Coskun Bayraktar

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA