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(Cit	y/State/Zip/Phone	: #)
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K.SALY EXAMINER JUN - 4 2014

KULEN LAW FIRM P.C.

363 7th Ave. Ste. 400 New York, NY 10001 T 212-904-1506 F 877-382-2237 W www.kulenlaw.com E kulen@kulenlaw.com

VIA FEDEX

Florida Department of State
Registration Section -Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

05-19-2014

Re: Request to File Articles of Amendment to Articles of Organization of UNITED SPARE PARTS, LLC

Dear Secretary:

Enclosed is the original of the Articles of Amendment to Articles of Organization of UNITED SPARE PARTS, LLC, which is submitted for filing. Please also find enclosed a check for \$25.00 payable to the Florida Department of State to cover the filing fee.

Kindly process this request at your earliest convenience. <u>Please also kindly list the name of the manager</u>, Mr. Ahmet Coban, in your online records and in your website (www.sunbiz.org), which is, I understand, one of the requirements of Florida banks to open a business account under this Florida entity.

I thank you for your prompt attention to this matter. Please contact me should you have any questions arise.

Sincerely yours,

Mehmet Polat

Encs.

COVER LETTER

	Registration Se Division of Cor						
SUBJEC	UI	VITED SPARE	E PARTS, I	LLC			
SOBJEC		Name of Lim	ited Liability Company	-	<u> </u>		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ndence concerning this matter	to the following:				
		Me	hmet Pola	it, Esq.			
			Name of Person				
		KULEN LAW FIRM					
			Firm/Company				
		363 7th Av	enue, Suite	e 400			
			Address	<u> </u>			
		New York, N	IY 10001				
			City/State and Zip Cod	ie			
		polat@polatlaw.c	to be used for future annu	-1			
For furthe	er information co	oncerning this matter, please co		ar report notificatio	n)		
		lat, Esq.		359-421	2		
	Name of	' '	Area Code	Daytime Tele	phone Number		
Enclosed	is a check for th	e following amount:					
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$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

FILED
2814 MAY 20 PM 1:56

Zip Code

UNITED SPA (Name of the Limited Liability Compa (A Florida Limited)	RE PARTS, LLC Inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000042472</u>			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab N/A	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	13611 S. Dixie Hwy# 109-430 Miami FL 33176		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	13611 S. Dixie Hwy# 109-430		
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33176		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her			
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Florida street address		
	, Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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> **Address Type of Action AHMET COBAN** MGR 13611 S. Dixie Hwy# 109-430 Miami FL 33176 ☐ Remove ____ □ Remove _____ □ Remove _____ Remove ____ 🗖 Add ____ □ Remove

D. II amending any of	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(The effective date must	her than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
_{Dated} May 19	
	And.
Moh	Signature of a member or authorized representative of a member
	met Polat, Esq., Attorney at law on behalf of Manager AHMET COBAN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00