

L14 000073689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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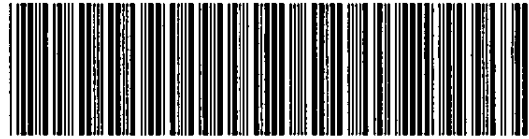
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 15 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OSM PROPERTIES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OGUZ ERTEKIN

Name of Person

Firm/Company

2611 N RIVERSIDE DR. APT 605

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

OGUZ@ERTEKIN.NET

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

For further information concerning this matter, please call:

OGUZ ERTEKIN

305

978-5897

at (

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: OSM PROPERTIES, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000073689

**THIRD:** Document to be corrected is:  
ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Manager name SERDAR AKIN should be corrected as MUHAMMET S AKIN

New first name: MUHAMMET

New middle initial: S

Last name same as before: AKIN

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

5/7/2014

Date

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

FILED  
14 MAY -9 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA