

L14000146381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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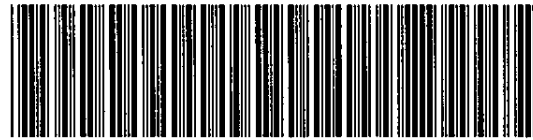
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REV 7-4 2014

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: European Miracle 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:

Okan Arman, MGR

Name of Person

Firm/Company

200 Uno Lago Drive Apt#305

Address

Juno Beach, FL, 33408

City/State and Zip Code

okanarman@gmail.com

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

For further information concerning this matter, please call:

Okan Arman

at ( 561 ) 406-3464

Name of Person

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

European Miracle LLC

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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>
AMBR	Yalcin Ozkayalar	BAGDAT CAD 87/8 KONAK APT.	<input type="checkbox"/> Add
		FENERYOLU KADIKOY - ISTANBUL,	<input checked="" type="checkbox"/> Remove
		34724, TU	
AMBR	Yildiz Ozkayalar	BAGDAT CAD 87/8 KONAK APT.	<input checked="" type="checkbox"/> Add
		FENERYOLU KADIKOY - ISTANBUL,	<input type="checkbox"/> Remove
		34724, TU	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The name of the other MGRM (Gozde A. Hafizoglu) should be corrected as follows. (Gozde A. Ozkayalar Hafizoglu)

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 October 30, 2014

Okan Arman

Signature of a member or authorized representative of a member

Okan Arman

Typed or printed name of signee

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Filing Fee: \$25.00

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