L14000146381

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SECRETARY OF STATE

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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: European	Miracle LLC		·
	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Okan Arman, MGR		
•	·	Name of Person	· ·
		F: (G	
	* ,	Firm/Company	
	200 Uno Lago Drive	Apt#305	•
•		Address	
	Juno Beach, FL, 334	408	
		City/State and Zip Code	
·	okanarman@gmail.c		
	E-mail address: (to be used for future annual report notific	ation)
For further information con	cerning this matter, please ca	all:	
Okan Arman		561 406-3464	
Name of P	erson		Felephone 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

European Miracle LLC	Tarrena, ot		
(Ivaine of the Limi	(A Florida Limited	pany as it now appears on our reco d Liability Company)	ras.)
The Articles of Organization for this Limited I Florida document number L14000146381		y were filed on 09/18/2014	and assigned
This amendment is submitted to amend the fol	lowing:		·
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and end with the	words "Limited Li	ability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A .	
(Principal office address MUST BE A STREE	ET ADDRESS)		TAS TA
•			CC OC WELL
Enter new mailing address, if applicable:		N/A	SSET THE
(Mailing address MAY BE A POST OFFICE	BOX)		To = 1
,			020 5 5 S
D. Te di di		<i>ee</i> - 11	32
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		· Enter Florida street addi	ress
•		,]	Florida
•		City	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

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
AMBR	Yalcin Ozkayalar	BAGDAT CAD 87/8 KONAK APT.	□ Add
		FENERYOLU KADIKOY - ISTANBUL,	■ Remove
		34724, TU	
AMBR	Yildiz Ozkayalar	BAGDAT CAD 87/8 KONAK APT.	= Add
		FENERYOLU KADIKOY - ISTANBUL,	
	.	34724, TU	
			🏻 Remove
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Tollows. (Gozde A.	Ozkayalar Hafizoglu)	
•		•
		
ctive date, if other than	the date of filing:	(optional
effective date must be specific,	, cannot be prior to date of receipt or filed date and cannot be more	(optional) than 90 days after
effective date must be specific, date this document is filed by t	, cannot be prior to date of receipt or filed date and cannot be more the Florida Department of State)	(optional) than 90 days after
effective date must be specific, date this document is filed by t	, cannot be prior to date of receipt or filed date and cannot be more	(optional) than 90 days after
effective date must be specific, date this document is filed by to ed October 30,	, cannot be prior to date of receipt or filed date and cannot be more the Florida Department of State)	(optional) than 90 days after

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Filing Fee: \$25.00

