## L1500034158

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£	BALTA	KESER LLC			-	
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		OZGUR OMUR BALTAC	TOGLU			
			Name of Person	·•	•	
		BALTAKESER LLC				
			Firm/Company			
	4252 BANDY BLVD					
			Address		•	
	FT PIERCE, FL, 34981 - 4733  City/State and Zip Code					
		BALTAKESER@YAHOO.		100		
For further i	nformation c	e-man address: (	to be used for future annual report not	urication)		
	MUR BALTA		407 625 6533			
Name of Person		at ()	ne Telephone Number	<del></del>		
Enclosed is	a check for the	ne following amount:				
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	SECRETARY DIVISION OF C
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COUR Registration Secti	IER ADDRESS:		899
			Division of Corpo	<u> </u>	STA ORA	
			Clifton Building 2661 Executive C Tallahassee, FL 3	部A 36	TIONS	

## TO ARTICLES OF ORGANIZATION OF

BALTAKESER LLC

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Cor. Florida document number L15000034158	mpany were filed on	5 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company here:				
BALTAKESER LLC					
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4252 BANDY BLVD H	4252 BANDY BLVD FT PIERCE, FL, 34981 - 47 33			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address.  Name of New Registered Agent:  New Registered Office Address:	red office address on our				
	, Florida, Zip C				
New Registered Agent's Signature, if changing Registered A	Agent:				
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my du nt as provided for in Chapte	ties, and I am familiar with and or 605, F.S. Or if this document is			

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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E. Effec	tive date, if other than t	he date of filing:		(	optional)	
(If an e	frective date is listed, the date real of the date inserted in this	must be specific and c block does not me	cannot be prior to date of set the applicable stati	filing or more than 90 days atory filing requirements	s after filing.) Pursuar s. this date will not	it to 605.0207 (3)(b) be listed as the
docui	ment's effective date on the	Department of Sta	ate's records.	, , ,	,	
	ecord specifies a delay		ite, but not an efi	fective time, at 12:	01 a.m. on the	earlier of:
(b) Th	e 90th day after the r	ecord is filed.				
	JUNE 18		2015			
Dated	1		<del></del> ·			TLV
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	1 Still				<u>F8</u> _	
		Signature of a mo	ember or aumorized rep	resentative of a member	HAS	CRETARY
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Filing Fee: \$25.00