

LEBOW 34158

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**MICHAEL EDWARDS, P.A.**

ATTORNEY AT LAW  
Telephone (772) 335-4949  
Facsimile (772) 335-7150

Physical Address

1844 S.E. Port St. Lucie, Blvd.  
Port St. Lucie, Florida 34952

Mailing Address

P.O. Box 7399  
Port St. Lucie, FL 34985

July 13, 2015

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

RE: Baltakeser, LLC  
Document Number: L15000034158  
Articles of Amendment to Articles of Incorporation and  
Statement of Authority.

Dear Sir/Madam:

In regard to the above corporation, please find attached the following Articles of Amendment to the Articles of Incorporation, Statement of Authority and our check in the amount of \$50.00 to cover the filing fees for both.

Should you have any questions, please do not hesitate to contact us.

With kind regards, I remain

Very truly yours,

**MICHAEL EDWARDS, P.A.**

Michael Edwards

ME/pgh  
Enclosures

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JUL 14 PM 2:59  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BALTAKESER, 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:

Michael Edwards, Esq.

\_\_\_\_\_  
Name of Person

Michael Edwards, P.A.

\_\_\_\_\_  
Firm/Company

1844 S.E. Port St. Lucie Blvd.

\_\_\_\_\_  
Address

Port St. Lucie, FL 34952

\_\_\_\_\_  
City/State and Zip Code

michaelledwardslaw@gmail.com

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

For further information concerning this matter, please call:

Michael Edwards

772 335-4949  
at ( )

\_\_\_\_\_  
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

FILED  
15 JUL 14 PM 2:59  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BALTAKESER, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/24/2015 and assigned  
Florida document number L15000034158.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	OZGUR O. BALTACIOGLU	5253 NW WISK FERN CIRCLE	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BAHADIR KESER	5253 N.W. WISK FERN CIRCLE	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUN 16 2009  
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JULIA A. BROWN  
CLERK OF COURT

[illegible]

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