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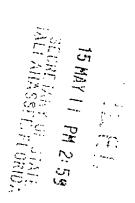
(Rec	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone	e #)		
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(Business Entity Name)				
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## **COVER LETTER**

		ion Section of Corporations		
SUBJEC	Prii			
SUBJECT.			Name of Limited Liab	ility Company
Dear Sir	or Madai	m:		
The encl	osed Stat	ement of Correction and fee(s)	are submitted for filin	g.
Please re	turn all c	orrespondence concerning this	matter to the following	g:
Yakup	Akkas			
		Name of Person		-
		Firm/Company		-
12719	N Flor	ida Avenue		
		Address		_
Tamp	a, FL 3	3612	_	_
		City/State and Zip Code		
		@gmail.com		
Ë-r	nail addr	ess: (to be used for future annu	al report notification)	
For furth	er inforn	nation concerning this matter, p	olease call:	
Yakup	Akkas	•	813 at (	363-2557
		Name of Person	Area Code	Daytime Telephone Number
Registrat Division Clifton E 2661 Ex Tallahas	tion Secti of Corpo Building ecutive C see, Flori	orations enter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	iling 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. Prime Cars & Trucks LLC The name of the limited liability company is: FIRST: The Florida Document number of the limited liability company is: L14000102447 **SECOND:** THIRD: Document to be corrected is: Articles of Incorporation (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 7 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: 1. Please remove Halit Turan as the registered agent and manager. 2. Add mgr: Sedat Senturk 7620 Mariners Harbour Dr, Wesley Chapel, Fl 33545 3. Please change registered agent to: Yakup Akkas (same address) 4. Please change address: 12719 N Florida Avenue, Tampa, FL 33612 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

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)