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TOSTARY OF STATE

**S Warren** OCT 11 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prime Cars & Trucks 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:
Yakup Akkas Name of Person
Firm/Company
18102 Palm Breeze Dr
Tampal, FL 33647  City/State and Zip Code  Prime Corstrucks (a) Phail com  E-mail address: (to be used for future about report notification)
Prime Cars trucks (a) Pmail. com  E-mail address: (to be used for future about report notification)
For further information concerning this matter, please call:
Yalup Akkas at (813) 363 2557  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Status Status Scertified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	, -	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	150	
(Principal office address MUST BE A STREET ADI	DRESS)	
		D barbar
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	72	03
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter</u> ldress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	red 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 **Type of Action** Title **Address** Name Sedat Senturk 12719 N Florida Ave Tampa, FL 33612 □ Remove \_□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove \_\_\_ Change Add 🗖 بې Remove ☐ Change

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