

L15000073885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

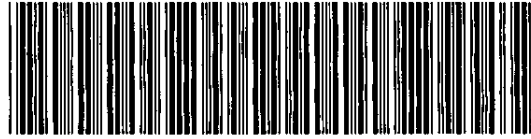
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUCKY FEET BAKING GOODS CO. L.L.C.,

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:

Ahmet M. Akkemik

Name of Person

Akkemik

Firm/Company

23109 AQUA VIEW APT.3

Address

BOCA RATON FL 33433

City/State and Zip Code

murat@akkemik.net

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

For further information concerning this matter, please call:

Ahmet M. Akkemik 305 600-6591

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee
✓ | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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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	MERT SERTER	5607 NW 38TH AVE	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PINAR AKKEMIK	5607 NW 38TH AVE	<input type="checkbox"/> Add
		BOCA RATON FL 33496	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	AHMET M. AKKEMIK	23109 AQUA VIEW APT.3	<input type="checkbox"/> Add
		BOCA RATON FL 33433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[Handwritten signature]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 06/01/2015

12:01 A.M.

Signature of a member or authorized representative of a member

Ahmet M. Akkemik

Typed or printed name of signee

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