

L15000087345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

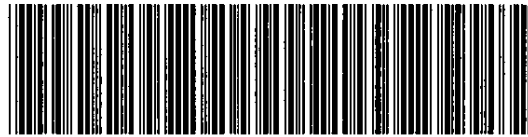
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY 27 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OTTO ACCESSORIES 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:

JAHIT H. KAVURT

Name of Person

KAVURT LAW OFFICES, P.A.

Firm/Company

636 WEST YALE STREET

Address

ORLANDO, FL 32804

City/State and Zip Code

KAVURLAW@AOL.COM

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

For further information concerning this matter, please call:

JAHIT H. KAVURT

407 472-0621
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

OTTO ACCESSORIES LLC

Page 1 of 3

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	GULSAH D. TEKIR	1579 SEMORAN NORTH CIRCLE	<input type="checkbox"/> Add
		UNIT 203, WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GULSAH DURAL TEKIR	1579 SEMORAN NORTH CIRCLE	<input checked="" type="checkbox"/> Add
		UNIT 203, WINTER PARK, FL 32792	<input type="checkbox"/> Remove
			<input 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

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated MAY 21 2015

2017

Signature of a member or authorized representative of a member

FARUK S. TEKIR

Typed or printed name of signee

FILED
15 MAY 27 AM 11:19
STATIONARY ENGINE
UNITED STATES
NAVY
SEATTLE, WASH.
RECEIVED