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15 AUG 20 PM 3:42
CLERK OF COURT
CLERK OF COURT

AUG 21 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

OTTO ACCESSORIES LLC

SUBJECT: _____
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

6965 PIAZZA GRANDE AVENUE, SUITE 201

Address

ORLANDO, FL 32835

City/State and Zip Code

KAVURTLAW@AOL.COM

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

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15 AUG 20 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

JAHIT H. KAVURT

407

720-3502

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

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

OTTO ACCESSORIES 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 05/18/2015 and assigned
Florida document number L15000087345.

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)

5250 INTERNATIONAL DRIVE, R14

ORLANDO, FL 32819

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

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JUN 20 11 57 AM '15
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