

L15000172882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

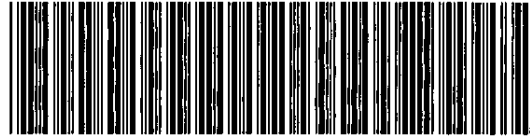
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOBE SIGNATURE 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:

MURAT NALCIOGLU

Name of Person

SOBE SIGNATURE LLC

Firm/Company

7601 E TREASURE DR APT#2002

Address

NORTH BAY VILLAGE, FL 33141

City/State and Zip Code

MNALCIOGLU@OLYMPOSGLOBAL.COM

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

For further information concerning this matter, please call:

MURAT NALCIOGLU

at (

786

395-4492

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**

SOBE SIGNATURE 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 10/06/2015 and assigned
Florida document number L15000172882.

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)

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

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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	MUTLUHAN KUCUK	2755 W TRADE AVE	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KUCUK MUTLUHAN	2755 W TRADE AVE	<input type="checkbox"/> Add
		COCONUT GROVE, FL 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MURAT NALCIOGLU	7601 East Treasure Dr.	<input checked="" type="checkbox"/> Add
		Apt-2002	<input type="checkbox"/> Remove
		North Bay Village, FL 33141	<input type="checkbox"/> Change
AMBR	NALCIOGLU, MURAT		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated OCTOBER 14, 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Please Correct all officer names listed under Sobe Signature LLC. due to several spelling issues encountered by the accountant assisted us to register the company. Correct and full names will be as below. Also please see attached FL pictures ID'S for both persons as proof.

First Name: Murat
Last Name: Nalcioglu

First Name: Mutluhan
Last Name: Kucuk

Thank you,

Murat Nalcioglu
Phone: 786 395 4492

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