## 116000126373

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2018 1-15 18 P IZ: 32: SECRETARY OF STATE LAHASSEE, FLORIDA.

**S Warren** AUG 1 9 2016

## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	Lesbos LLC			
SUBJEC	1	Name of Limi	ited Liability Company	
The enclo	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspon	dence concerning this matter	to the following:	
		D. PAUL DIETRICH II, E	SQ.	
			Name of Person	<del></del>
		SWANN HADLEY STUM	IP DIETRICH & SPEARS, P.A.	
			Firm/Company	
		1031 W. MORSE BLVD.,	SUITE 350	
			Address	
		WINTER PARK, FL 3278	9	
			City/State and Zip Code	<del> </del>
		pdietrich@swannhadley.com	n to be used for future annual report notific	ation
For firsth	er information co	ncerning this matter, please or	-	anony
		neerining this matter, prease ea		
D. Paul I	Dietrich II, Esq.		407 647-2777 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
		<b>*</b> * * * * * * * * * * * * * * * * * *		
		e following amount:		
\$25.0	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

Lesbos LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our recornited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com	pany were filed on 07/01/2016	and assigned
lorida document number L16000126373		
his amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C' or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		o all abbitviation 2.2.6.
Principal office address MUST BE A STREET ADDRES	SS)	J = 4'
		्रिक्ती है। जन्म क
nter new mailing address, if applicable:		Siz
Mailing address MAY BE A POST OFFICE BOX)		Ta - m
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		is, enter the name of the
gistered agent and/or the new registered office address	s nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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.

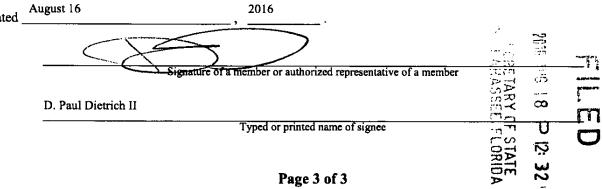
If Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
AMBR	GURCAY, AHMET YIGIT	1031 W. MORSE BLVD.	Add
		SUITE 350	Remove
		WINTER PARK, FL 32789	☐ Change
AMBR	GURCAY, SERRA	1031 W. MORSE BLVD.	
		SUITE 350	Remove
		WINTER PARK, FL 32789	■ Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change  Add  Remove  FLORE  Change
			STA Change

	GURCAY, AHMET YIGIT	50% Ownership	
	GURCAY, SERRA	50% Ownership	
		<u> </u>	
			<del>.</del>
f an ef Note:	If the date inserted in this bl	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory it	(optional) or more than 90 days after filing.) Pursuant to 605.020' filing requirements, this date will not be listed as
iocun	nent's effective date on the D	epartment of State's records.	
	cord specifies a delayed 90th day after the rec		ve time, at 12:01 a.m. on the earlier o
	August 16	2016	
Dated	.0		



Filing Fee: \$25.00