

L16000169182

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DMO SKINNER PARKWAY, LLC

Certificate of Status	0
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Page Count	04
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DEC 06 2023

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

DMO SKINNER PARKWAY, 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 09/12/2016 and assigned  
 Florida document number L16000169182.

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)

1173 candleback Dr.  
Jacksonville, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1173 candleback Dr.  
Jacksonville, FL 32225

**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:

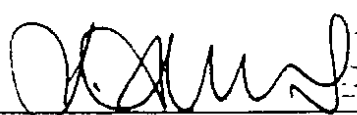
Selcuk Akkas

New Registered Office Address:

1173 candleback Dr.  
Enter Florida street address  
Jacksonville, Florida 32225  
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

121

(((H23000414774 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

Title	Name	Address	Type of Action
MGR	ERGISI MANAGER LLC	13553 ATLANTIC BLVD	<input type="checkbox"/> Add
		201	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32225	<input type="checkbox"/> Change
VP	GULACAR, MEHMET	11436 LAUREL GREEN WAY NORTH	<input type="checkbox"/> Add
		JACKSOVILLE, FLORIDA 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AKKAS, SELCUK	1173 Candlebark Dr.	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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 December 1, 2023

*[Handwritten signature]*

Signature of a member or authorized representative of a member

**Selcuk Akkas, Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**

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