

L16000195783
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
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CORPORATION
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INKA MIAMI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

DEC 01 2016
J. HARRIS



November 30, 2016

INKA MIAMI, LLC
11524 SW 248 LN
MIAMI, FL 33032US

SUBJECT: INKA MIAMI, LLC
REF: L16000195783

16 NOV 30 AM 10:27

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Each document is a separate document that must be filed separately, not together as one. You can submit the amendment to make all changes or you can submit each Resignation of member/manager and Resignation of registered agent individually for the fee of \$25 for the amendment, \$25 for each Resignation of member/manager, and \$85 for the Resignation of Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000291738
Letter Number: 916A00025427

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2016 NOV 30 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H/16 000 291 7383

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INKA MIAMI, 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 11/28/2016 and assigned
Florida document number L16000195783

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:

Jose F. Padro

New Registered Office Address:

2520 NW 97 Ave, suite 120

Enter Florida street address

Miami

Florida 33172

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.

Jose F. Padro

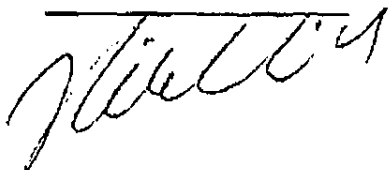


If Changing Registered Agent, Signature of New Registered Agent

H16 000 2917383

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	Burak Kileciler	11524 SW 248 LN	<input type="checkbox"/> Add
		Miami, FL 33032 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Remzi Gul	11524 SW 248 LN	<input type="checkbox"/> Add
		Miami, FL 33032 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tolga Lafci	11524 SW 248 LN	<input type="checkbox"/> Add
		Miami, FL 33032 US	<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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NOV 30 2016
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1). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signer

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