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COVER LETTER

то:	Registration Se Division of Cor						
		SHIPPING AND CHARTERI	NG LLC				
Name of Limited Liability Company							
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	e return all correspo	ndence concerning this matter	to the following:				
		ALEN HERMAN COBA	NOGULLARI				
			Name of Person				
		IMAGINE SHIPPING AN	ND CHARTERING LLC				
			Finn/Company				
		4767 NEW BROAD STRI	EET EXECUTIVE OFFICE SUITES	S OF BALDWIN			
			Address				
		ORLANDO FL 32814					
		CHARTERING@IMAGIN	City/State and Zip Code ESHIPPING.COM				
		E-mail address: (to be used for future annual report notifi	cation)			
For fu	rther information c	oncerning this matter, please c	all;				
ALE	N HERMAN COB	ANOGULLARI	949 742 26 13				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclo	sed is a check for th	ne following amount:					
≘ \$0	25.00 Filing Fee	□ \$30.00 Elling 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

IMAGINE SHIPPING AND CHARTERING 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 $\frac{11/14/2016}{2}$ _____ and assigned Florida document number _____ L16000208636 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 "LLC." 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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ARDA FIKRET YILMAZ	2132 STONE CROSS CIRCLE	
		ORLANDO FL 32828	
			■ Remove
			Change
			□ Add
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ective date, if other than the effective date is listed, the date in this term of the date inserted in this terment's effective date on the	nust be specific and car block does not meet	nnot be prior to t the applicab		nore than 90 days			
record specifies a delay he 90th day after the re		e, but not a	an effective	time, at 12:0)1 a.m. on th	ne earlier	r
06/26	2	2018	1.1				

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Typed or printed name of signee

Filing Fee: \$25.00