117000042511

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300296038643

03/06/17--01018--023 **25.00

MAR 0 7 2017 S. YOUNG SURPLIARY OF STATE OF THE STATE

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: NIRVA LI	LC.		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nedim Yesil		
	·	Name of Person	
		Firm/Company	<u></u>
	21230 NE 32ND PL		
		Address	
	AVENTURA, FL 33180		
	nedimyesil@superonline.co	City/State and Zip Code	-6 SSA
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti	Trans PH 4: 25
Murat Goksen	concerning this matter, process of	954 7095559 at ()	25
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

NIRVA LLC		
(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on FEBRUARY 22, 2017	and assigned
This amendment is submitted to amend the following:	_·	
A. If amending name, enter the new name of the limit	ted liability company here:	
NIVRA LLC	-	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	·**	
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		T HAR
(Mailing address MAY BE A POST OFFICE BOX)		5 8
		P
		: 93
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, <u>enter</u> <u>ess here</u> :	the name of the ne
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

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>Address</u> **Type of Action** <u>Name</u> _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove

☐ Change

								
								_
								_
		<u> </u>	- , 					
								_
								_
								-1h
 -								
-	_							MAR-P
								- V
· · · · · · · · · · · · · · · · · · ·	<u>.</u>							PK
								PM F:
								ွယ္
 								
								
ctive date, if o effective date is lis	ther than the	date of filing	connot be prior	to data of filing	or more than 00	_ (optional)) Durayont to	(05 0207)
e: If the date in: ument's effective	serted in this blo	ock does not m	neet the applica	ble statutory f	iling requiren	ents, this date	will not be l	isted as t
union s chechy	, date on the Da	partification 5	tate s records.					
ecord specifi	es a delayed	effective d	ate, but not	: an effectiv	e time, at :	l2:01 a.m.	on the ear	rlier of:
ne 90th day a	fter the reco	ord is filed.	,		.,			
ed		- ,	 	- · ,				
٠. د		Jahr-						
	//	<u>, </u>			· · · · · · · · · · · · · · · · · · ·			
<u></u>	ľ	Signature of a m	nember or author	rizea representa	tive of a memor	er		

Page 3 of 3

Filing Fee: \$25.00