

L17000 108526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

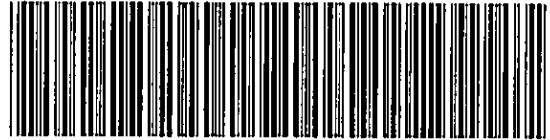
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/18/19--01021--004 **30.00

FILED
2019 OCT 18 AM 9:09
TALLAHASSEE, FL

NOV 06 2019
C Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FERI DESIGNS LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Turhan Turker

Name of Person

Feri Designs LLC.

Firm/Company

121 NW 40th Ter.

Address

Delray Beach, FL 33445

City/State and Zip Code

turiturker@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Turhan Turker

916 866 9408
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FERI DESIGNS 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 05/16/2017 and assigned
Florida document number L17000108526.

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:

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name change of AMBR, from FERYAL N TURKER to FERİ F TURKER. Copy of name change court order is enclosed.

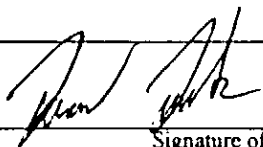
E. Effective date, if other than the date of filing: _____ (optional)

(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 October, 14 2019



Signature of a member or authorized representative of a member

Turhan Turker

Typed or printed name of signee



Petition for Name Change
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-662

Name of Court

United States District Court
701 Clematis Street
West Palm Beach, FL 33401

Information About You (Petitioner)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete **Item Number lines 1 – 8.**
(Type or print clearly.)

1. Full and Correct Name (Current Name)

Given Name (First Name)

FERYAL

Middle Name

NHAL

Family Name (Last Name)

TURKER

2. Mailing Address

Street Number and Name

121 NW 40TH TER

City or Town

DELRAY BEACH

State

FL

ZIP Code

33445-3944

3. Country of Citizenship or Nationality

Turkey

4. Date of Birth (mm/dd/yyyy)

09/06/1962

5. Alien Registration Number (A-Number)

A-047356194

- 6.** ☒ I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

First Name

FERI

Middle Name

FERYAL

Last Name

TURKER

8. Signature and Date

Signature of Petitioner (Use your current name)

Date (mm/dd/yyyy)

12/12/2018

Certification of Name Change

I certify that the above petition was granted by the court on this date, IAN 25 2019
(mm/dd/yyyy)

Signature of Clerk

Angela E. Noble

Signature of Deputy Clerk

Important Information

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.