11700148178

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

Office Use Only



700305655797

11/17/17--01008--003 **25.00

17 NOV 20 AM 7: 50

SECRETARY OF TAKE

COVER LETTER

TO: Registration S Division of Co			
ERGIN LI			
SUBJECT:		ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CEM ERGIN		
	*******	Name of Person	
	ERGIN LLC		
		Firm/Company	
	7601 E TREASURE DR. A	APT 2024	
		Address	
	NORTH BAY VILLAGE	FL 33141	
		City/State and Zip Code	
	zeynelbiter@gmail.com		•
		to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
CEM ERGIN		786 7081133 at ()	
Name	of Person		: Telephone Number
Enclosed is a check for t	the 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:

TO:

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

ERGIN LLC		T AS			
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)	T NO			
The Articles of Organization for this Limited Liability Company	were filed on 07/11/2017	and assigned and			
Florida document number $\frac{1.17000148178}{}$.		A			
This amendment is submitted to amend the following:		7: 5 0			
A. If amending name, enter the new name of the limited liab	ility company here:	(A)			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al	bbreviation "1L.C."			
Enter new principal offices address, if applicable:	7601 E TREASURE DR APT:2024				
(Principal office address MUST BE A STREET ADDRESS)	NORTH BAY VILLAGE FL 33141				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7601 E TREASURE DR APT:2024 NORTH BAY VILLAGE FL 33141				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u>	the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City RAIGA	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>	Type of Action		
MGR	Zeyneddin Biter	7601 E Treasure Dr. Apt:2024			
		North Bay Village FL 33141	□ Remove		
			Change		
			□ Remove		
		 	Change		
			Add		
			☐ Remove		
			Change		
			□ Remove		
			Change		
			Add		
			□ Remove		
			Change		
			Add		
			□ Remove		
			☐ Change		

D. If amend	ing any other information	on, enter change	(s) here: (Atta	ch additional s	heets, if neces.	sary.)		
	·						_	
					<u>.</u>		_	
				_				
							_	
							_	
							_	
							_	
							_	
							17	14
							VOV.	; :
							¥ 20	7.
				<u> </u>				Š
_							_ 8	
							- 7. - 7.	-
							Š	٢.
-					-		_	
			-				-	
							-	
							_	
(If an effecti <u>Note:</u> If t	date, if other than the dive date is listed, the date must be the date inserted in this blocks offective date on the Deposition of the date in the date on the date of the date on the date of the dat	e specific and cannot k does not meet the	e applicable stan	filing or more that atory filing requ	option (option n 90 days after fit irements, this d	ing \ Pursuani io &	05.0207 (3); sted as the	(b)
(D) THE 90	d specifies a delayed a th day after the recor	ffective date, t d is filed.	out not an eff		at 12:01 a.r	n. on the earl	ier of:	
Dated No	vember 9th	, 2017						
_	Si	gnature of a member	or authorized rep	resentative of a m	ember			
•	CEM ERGIN							
		Typed	or printed name o	Csignee				

Page 3 of 3

Filing Fee: \$25.00