117000154955

(Requestor's Name)	
	Address)	<u> </u>
	Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	Document Number)	<u> </u>
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		X INVESTMENT LLC		
SUBJEC	···	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		MEHMET SUNU		
			Name of Person	
		,	Firm/Company	
		9910 OLD BAYMEADO	WS RD #1	
		<u> </u>	Address	
		JACKSONVILLE, FL 32	256	
			City/State and Zip Code	
		MSN049@HOTMAIL.CO	M to be used for future annual report notifi	instina
For furth	er information c	oncerning this matter, please co		(Cation)
	ET SUNU		904 5209930	
		f Person	at ()	Telephone Number
Enclosed	l is a check for th	ne following amount:		
= \$25.0	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)
		ING ADDRESS:	STREET/COURING Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSJAX INVESTMENT LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000154955	were filed on 07/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	 911 2	
(Principal office address MUST BE A STREET ADDRESS)		SECHOLVISION AU
Enter new mailing address, if applicable:	9910 OLD BAYMEADOWS RD #1	E FILL R OF CO
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32256	PH 2:
		: (7 ON
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		· n
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>	Type of Action
M	MURAT ERGISI	8680 BAYMEADOWS RD E	
		JACKSONVILLE, FL 32256	■ Remove
			☐ Change
			□ Remove
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.		
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	08/03/2018		
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document	i's effective date on the Department of State's records.		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	n the ear	rlier (
	8/8/2018.		
<u></u>	(Care Al		
	Signature of a member of Mithorized representative of a member		
	MEHMET SUNU		

Page 3 of 3

Filing Fee: \$25.00