L17000180184

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



300311047453

03/29/18--01018--008 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

N COOPER MAR 3 0 2010

COVER LETTER

D	ivision of Cor	porations		
SUBJECT	Lezita US L	LC		
JOBS I.C I	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Patrick DiSalvo		
			Name of Person	
		DiSalvo & Associates, PL1	LC	
			Firm/Company	· · · · · · ·
		1760 N Jog Road, Ste 150		
			Address	
		West Palm Beach, FL 3341	11	
			City/State and Zip Code	
		pdisalvo@d-acpa.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	all:	
Patrick Dis	Salvo		561 659-1177 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

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

Lezita US LLC		
(Name of the Limited Liah (A Flor	oility Company as it now appears or ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 08/23/	2017 and assigned
Florida document number L17000180184		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
N/A		
The new name must be distinguishable and contain the words "I	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET AD	DRESS)	18
		HAR
		FILED TARY OF ASSEE! (29 AM
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		1: LST
		25 RIE
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ir records, enter the name of the new
Name of New Registered Agent: N/A	<u> </u>	
New Registered Office Address:		
	Enter Florida	street address
<u> </u>		, 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>	Address	Type of Action
MBR	Abalioglu Yem Soya Ve Tekstil san A.S.	KEMALPASIA MAH. 7412 SOK. NO 10	
	A. S.	BORNOVA, IZ 35060 TR	■ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			D Add
			Remove
			Change

. N/A	<u> </u>						
-	•		·				
	.					••	
							
						-	
							_
		. <u></u> -	. <u></u>				AH 11: 25
							<u></u>
							<u> </u>
					<u>, </u>		
						 _	
		···					
					•		-
	 		_				·
				. <u>.</u>			
Effective da	te, if other than the data is listed, the date must b	ate of filin	g:	<u></u>		_ (optional)	
it an effective <u>Note:</u> If the	date is listed, the date must b date inserted in this block	e specific and k does not n	d cannot be prior neet the applica	o date of filing ble statutory f	or more than 90 c iling requireme	lays after filing.) ents. this date v	Pursuant to 605,020 vill not be listed a
document's	effective date on the Department	artment of 8	State's records.				
vo rocord	specifies a delayed s	effortive e	data but mai			2.01	&6
The 90th	specifies a delayed e day after the recor	d is filed.	iate, but no	an enecu	re time, at 1	.2;U1 a.m. (on the earlier
	March 26		2018				
Dated			·	- ·			
	Asked		Ś				
-	Si	gnathre of a	member or autho	rized represent	ativa af a manaha		
		-		inca represent	mive of a incline	•	

Page 3 of 3

Filing Fee: \$25.00