

h17000189081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

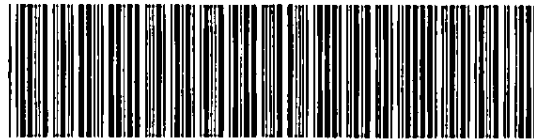
(Business Entity Name)

(Document Number)

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2022 JUN 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-INCI 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:

MEHMET TURKMEN

Name of Person

E-INCI LLC

Firm Company

3661 NW 95 TER, APT 804

Address

SUNRISE, FL 33351

City/State and Zip Code

gm@e-inc1.com

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

For further information concerning this matter, please call:

MEHMET TURKMEN

754 2485825
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JUN 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FL

E-INCI 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 09/05/2017 and assigned
Florida document number L17000189081.

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>
MGR	MOHAMMED ALLAW	3661 NW 95 TER, APT 804	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEHMET TURKMEN	3661 NW 95 TER, APT 804	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

The change is about legal name change of the sole owner and manager of the company.

MOHAMMED ALLAW (OLD NAME)

MEHMET TURKMEN (NEW NAME)

NO OTHER INFORMATION ELSE IS CHANGED (MAILING ADDRESS, OWNERSHIP...ETC.)

COPY OF THE RELATED COURT ORDER NAME CHANGE OF THE SUBJECT MGR ATTACHED.

2022 JUN 13 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: 05/20/2022 (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 06 07 2022

Signature of a member or authorized representative of a member

MEHMET TURKMEN

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
U.S. DISTRICT COURT, SOUTHERN DISTRICT, FORT LAUDERDALE, FLORIDA

A-064472734

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) MOHAMMED ABDULJABBAR Middle Name ABDULLAH Family Name (Last Name) ALLAW
2. Mailing Address
Street Number and Name 3661 NW 95TH TER APT 804 City or Town SUNRISE State FL ZIP Code 33351-6477
3. Country of Citizenship or Nationality Iraq 4. Date of Birth (mm/dd/yyyy) 05/01/1983 5. Alien Registration Number (A-Number) A-064472734
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 MEHMET Middle Name Last Name TURKMEN
8. Signature and Date
Signature of Petition (Use your current name)  Date (mm/dd/yyyy) 04/02/2022

Certification of Name Change

I certify that the above petition was granted by the court on this date, May 20, 2022
(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.