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or's Name)
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Certificates of Status
Officer:

Office Use Only



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COVER LETTER

то:	Registration Se Division of Cor			
CHIDI	TURKS RE	ALTY AND INVESTMENT	LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		OMUR TUGAY TATLIT	UG	
			Name of Person	
			Firm/Company	
		13640 MEADOW PARK	AVENUE	
			Address	
		ORLANDO. FL 32826		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	fication)
For fu	rther information co	oncerning this matter, please co	all:	
OMU	R TUGAY TATLI		407 624-2520 Area Code Daytim	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO TARTICLES OF ORGANIZATION OF

TURKS REALTY AND INVESTMENT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01.05/2018	and assigned
Florida document number L18000005029		
his 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 Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		8 J.
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nter new mailing address, if applicable:		P
Mailing address MAY BE A POST OFFICE BOX)		5 22
		7 8%
 If amending the registered agent and/or registered of 		
egistered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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
MGR	TUGAY TATLITUG	350 NORTH LAKE DESTINY DR	□ Add
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fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	ecific and cannot be prior to date of filing of es not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Purst ling requirements, this date will n	uant to 605.02 iot be listed a
record specifies a delayed effe The 90th day after the record is		e time, at 12:01 a.m. on th	ne earlier
MAY 29	. 2018	N	
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Siona	ure of a member or authorized representat	velot a member	

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Filing Fee: \$25.00