## US-0066 61674

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF SINIE DIVISION OF CORPORATIONS

N COOPER MAY 2 5 2018

## **COVER LETTER**

TO: Registratio	on Section f Corporations		
SUBJECT:	N135 DEMIR	LLC	
		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all corn	respondence concerning this matter	to the following:	
	BARAW CELIK/	SAMRA SIDULUI Name of Person	
		NBS DEMIR Firm/Company	lic
		3919 78h Ave	N
		Pincles Paric, City/State and Zip Code	
	Adi E-mail address: ()	1 Y 2 K 2009 Che	tmedicon
For further informati	on concerning this matter, please co		Railon
BARA	N CELIK me of Person	at (401) 837 Area Code Daytime	3255
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check t	for the following amount:		
	e S30.00 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 ARTICLES OF ORGANIZATION OF

	EMIR LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 05/19/18 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3719 78" Auc N
(Principal office address MUST BE A STREET ADDRESS)	3919 78th Aue N Pincilas Park
	F-L, 33781
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	~/ A
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Zin Clar
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree by accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familian with mid covided for in Chapter 605 F.S. Or if this Mountain is

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
OFFILER	MOHD HABBULLAH	6401 30 way North	ん □ Add
		Saint petersburg, Fl, 3370	2 Remove
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ctive date, if other than the effective date is listed, the date must be first the date inserted in this be ment's effective date on the E	ist be specific and o lock does not me	amot be prior to d	ate of filing or more	(option than 90 days after fil equirements, this d	ing ) Pursuant to 605
ecord specifies a delaye ie 90th day after the rec	cord is filed.				n. on the earlie
d19 <sup>fr</sup> ~ N	<u>1</u> AY,	2018			
		17			
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Page 3 of 3

Filing Fee: \$25.00