L18 000 265863

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

[ ] PICK-UP   [ ] WAIT   [ ] MAIL
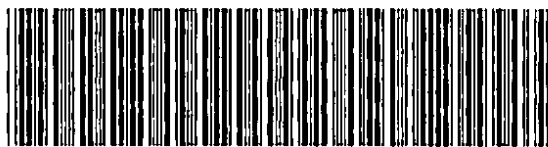
_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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J. HORNE

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TALLAHASSEE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISA GROUP, 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:

ABALIOGLU, ERGUN
_____
Name of Person

_____
Firm/Company

9754 CELTIC SEA LN
_____
Address

DELRAY FL 33446
_____
City/State and Zip Code

ERGUN.ABALIOGLU@ABALIOGLU.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERGUN ABALIOGLU   561   475-9036
_____ 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 &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                     Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MISA GROUP, LLC

<u>(Name of the Limited Liability Company as it now appears on our records.)</u>
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>11/13/2018</u> and assigned Florida document number <u>L18000265863</u>.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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)

9754 CELTIC SEA LN

DELRAY FL 33446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9754 CELTIC SEA LN

DELRAY FL 33446

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent:</u> _____

<u>New Registered Office Address:</u> _____

Enter Florida street address

_____, **Florida** _____
City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records:</u>

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FUAT SEN	10313 TRIANON PL	☐ Add
		WELLINGTON, FL 33449	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> · **<u>or removed from our records</u>:**

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FUAT SEN	10313 TRIANON PL	☐ Add
		WELLINGTON, FL 33449	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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