L18000 267624

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	gistration Sc vision of Cor			•
SUBJECT:		PROPERTY INVESTMENT A	AND MANAGEMENT LLC	
SUBJECT:		Name of Lim	ited Liability Company	-
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	indence concerning this matter	to the following:	
		GAYE ERKAN		
			Name of Person	
		DAMELA PROPERTY IN	VESTMENT AND MANAGEME	NT LEC
			Firm/Company	
		1520 Windorah A		
			Address	
		WEST PALM BEACH FI	L 33411	
		vedat@emadinvestmentslic	City/State and Zip Code	
			to be used for future annual report notif	lication)
For further i	nformation c	oncerning this matter, please c	all:	
GAYE ERK	CAN		561 4194625	
	Name o	f Person		: Telephone Number
Enclosed is	a cheek for th	ne following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Fitting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		Street Address:	
	gistration S vision of C	Section forporations	Registration Sec Division of Con	
	O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ome O Profer ty Overst (Name of the Limited Lightlity Compan- (A Florida Limited Lightlity	Ment and Managairiat LLC vasit now appears on our records.)
The Articles of Organization for this Limited Liability Company w	vere filed on 11-15-2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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 acagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
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>	Address	Type of Action
AMBR	LEVENT S ERKAN	1520 Windorsh AWEST PALM BEACH, FL 33411	i⊐Add
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fective date, i	f other than the date of fil	ling:	1	(optional)
an effective date is	listed, the date must be specific:	and cannot be prior to date	of filing or more than 90 day	s after filing.) Pursuant to 605.020 ts. this date will not be listed a
	ive date on the Department of		,g .cquc	s. ons take with hot of flyidd a
record specifies is filed.	a delayed effective date, but i	not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after the
is med.				
ated 02	January	7027		
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	Signature of	· · · · · · · · · · · · · · · · · · ·		
			of signee	