

12/27/21, 5:18 PM

Division of Corporations

L190000781082  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
(((H21000468975 3)))

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BOYER LAW FIRM, P.L.  
Account Number : 120100000071  
Phone : (904)236-5317  
Fax Number : (904)371-3935

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: office@boyerlawfirm.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SATORI 9155, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

DEC 29 2021

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Corporate Filing Menu

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## COVER LETTER

((H21000468975 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: SATORI9155 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:

Francis M. Boyer Esq

\_\_\_\_\_  
Name of Person

Boyer Law Firm, P.L.L.

\_\_\_\_\_  
Firm/Company

9471 Baymeadows Rd Suite 406

\_\_\_\_\_  
Address

Jacksonville, FL 32256

\_\_\_\_\_  
City/State and Zip Code

office@boyerlawfirm.com

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

For further information concerning this matter, please call.

Francis M Boyer Esq

904 2365317  
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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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2021 DEC 28 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SATORI 9155 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 12/06/2018 and assigned  
Florida document number L18000281082.

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:

Francis M. Boyer

New Registered Office Address:

9471 Baymeadows Rd, Suite 406

*Enter Florida street address*

Jacksonville

*City*

Florida 32256

*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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: {{{H21000468975 3}}}

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u> | <u>Type of Action</u>                   |
|--------------|-------------------|----------------|---|
| MGR          | PIRIL SU BOZDOGAN |                | <input checked="" type="checkbox"/> Add |
|              |                   |                | <input type="checkbox"/> Remove         |
|              |                   |                | <input type="checkbox"/> Change         |
|              |                   |                | <input type="checkbox"/> Add            |
|              |                   |                | <input type="checkbox"/> Remove         |
|              |                   |                | <input type="checkbox"/> Change         |
|              |                   |                | <input type="checkbox"/> Add            |
|              |                   |                | <input type="checkbox"/> Remove         |
|              |                   |                | <input type="checkbox"/> Change         |
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|              |                   |                | <input type="checkbox"/> Remove         |
|              |                   |                | <input type="checkbox"/> Change         |

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 of instrument to 603.6.207 (b)(1).)

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: (a) The 90th day after the record is filed.

Dated \_\_\_\_\_ December 9, 2021

Wind-Led-C

Signature of a member or authorized representative of a member

Sevgi İbrahim

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00

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