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TO: Registration Division of C				
erm mzze.	MIAMI CUSTOM AWN	IINGS LLÇ		
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	ERHAN SAKAOGLU, E	SQ.		
		Name of Person		
		Firm-Company		
	5063 MADISON LAKES	CIRCER W		
	DAVIE, FL 33328-4527	Address		
	ERHAN@SAKALAW.CO	City/State and Zip Code M	,	
	E-mail address;)	to be used for future annual re	eport notification)	<u>.</u> .
For further information	concerning this matter, please c	all:		
ERHAN SAKAOGLU		954 600- at ()	7422	: ::•
Name	of Person	Area Code	Daytime Telephone Number	ाः फ़
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	□ \$60.00 Filin Certificate	g Fee. of Status &

(additional copy is enclosed)

Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327

Tallabassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Commutations Clitton Building 2661 Executive Center Circle

Talahassee, FL 32301

ARTICLES OF ORGANIZATION **OF**

N.	HAMI CUSTOM	AWNINGS LLC		
(Name of the Lin	ited Liability Con (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Compa	my were filed on	03/04 2019	and assigned
Florida document number L19000060792				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	ability company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the des	ignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	<u> </u>	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
				PART OF
Enter new mailing address, if applicable:		N/,A		7
(Mailing address MAY BE A POST OFFICE BOX)			·	<u> </u>
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered	• • •		our records, <u>enter</u>	the name of th
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Floria	la street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agei	nt:		

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with anc accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
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	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	7 12 9710
Dated_	<u>) une 13</u> <u>2019</u> .
	Signature of a member or authorized representative of a member
	IRTAN FE ERIM Typed or printed name of signce
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00