

L19000087361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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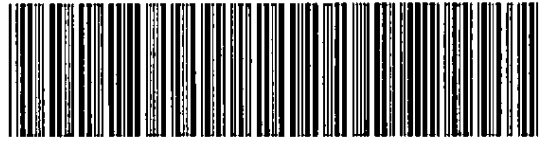
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE

ED

AS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alton 8 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:

Harry Tempkins Esq  
Name of Person

Newman & Tempkins P.A  
Firm/Company

605 Lincoln Road, Suite 301  
Address

Miami Beach, FL 33139  
City/State and Zip Code

htempkins@aol.com  
E-mail address: (to be used for future annual report notification)

2023 JUN-6 PM 3:32  
RECEIVED  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Harry Tempkins, Esq at (305) 398-7760 Ext 223  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Aiton 8 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 3/29/2019 and assigned Florida document number L19 000087361.

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:

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>  | <u>Address</u>                       | <u>Type of Action</u>                   |
|--------------|--------------|--------------------------------------|---|
| AMBR         | Ali Caliskan | 19 Mayıs CAD Nova Baran Plaza        | <input checked="" type="checkbox"/> Add |
|              |              | No.4. Fıgar Turizmi Sisli            | <input type="checkbox"/> Remove         |
|              |              | Istanbul Turkey                      | <input type="checkbox"/> Change         |
| AMBR         | Tugba AKdag  | 19 Mayıs CAD Nova Baran Plaza        | <input checked="" type="checkbox"/> Add |
|              |              | No.4 Fıgar Turizmi Sisli             | <input type="checkbox"/> Remove         |
|              |              | Istanbul, Turkey                     | <input type="checkbox"/> Change         |
| AMBR         | Tugce Kuran  | 121 NE 34 <sup>th</sup> Street #1008 | <input checked="" type="checkbox"/> Add |
|              |              | Miami, FL 33137                      | <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         |
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|              |              |                                      | <input type="checkbox"/> Add            |
|              |              |                                      | <input type="checkbox"/> Remove         |
|              |              |                                      | <input type="checkbox"/> Change         |

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ST. JEFFERSON  
FALL ARIZONA

2023 JUN -6 PM 3:33

(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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*[Signature]*

Neriman Caliskan  
Typed or printed name of signee