

A19 CCC 114 C80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

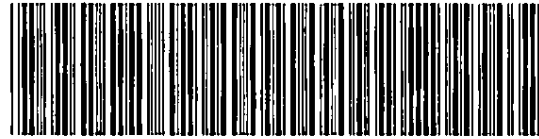
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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R WHITE
MAR 25 2020

Masterpiece Auto LLC.
16560 NW 10th Ave.
Miami Gardens FL, 33169
305-563-5555

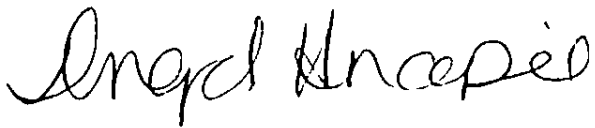
Att:
Florida Department Of State Division of Corporations

Please note our Buisness Daytime Phone number is 305-563-5555

And our return address is:
16560 NW 10th Ave.
Miami Gardens, FL 33169

Best Regards,

Ingrid Hincapie

A handwritten signature in black ink that reads "Ingrid Hincapie". The signature is written in a cursive, flowing style.

Administrative Assistant

TO: Registration Section
Division of Corporations

SUBJECT: Masterpiece Auto LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mehmet Emiroglu
Name of Person

Masterpiece Auto LLC.
Firm/Company

16560 W.W. 10th Ave
Address

Miami Gardens, FL 33169
City/State and Zip Code

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

For further information concerning this matter, please call:

Ingrid Hincapie at (305) 563-5555
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

Masterpiece Auto LLC 2020 5 11 13

(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 May 2019 and assigned
Florida document number L19000114080.

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:

N/A
Enter Florida street address

City

Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Emirlee, Umut	16560 NW 10 th Ave	<input type="checkbox"/> Add
		Miami FL, 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sap Bel, Sinan	16560 NW 10 th Ave	<input type="checkbox"/> Add
		Miami FL, 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Emiraglu, Eetugewu	9825 Bischofia Tree way	<input checked="" type="checkbox"/> Add
		Baynton Beach FL, 33436	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated 3/9/2020

X Holmes
Signature of a member or authorized representative of a member

Mehmet Emiroglu
Typed or printed name of signee