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SEP 17 2020 SINGLE SPECIAL STREET STREET

COVER LETTER

Division of Cor			
SUBJECT: Ma	Sterpiece Name of Lim	Auto UC d Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	itted for filing.	
Please return all correspo	ndence concerning this matter	the following:	
	<u>Men</u>	Met Emic Name of Person	oglu
	Masterp	Pirm/Company	LC_
	16560 NW	104 Ave	<u>-</u>
	Miami 6	City/State and Zip Code	, 3316°J
	Ertemiroc E-mail address: R	be used for funda annual report notif	tication)
For further informatic : co	oncerning this matter, please c	d:	
Man: of	<u>Capie</u> Person	at (<u>365</u>) <u>563</u> Area Code Daytime	- 5555 e Telephone Number
Enclosed is a check for th	e 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

Tallahasse, 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 GF ORGANIZATION OF

FIGSTERVIEC	E 170	<u> </u>	4		
(Name of the Limited Lt s) (A F o	ida Limited Li	<u>y as it now :</u> ability Comp	<u>appears on</u> pany)	our reco	ras.) 당
The Articles of Organization for this Limited Liabil. Florida document number	080 mited (jabil	ity compa	iny here:	ay.	2019 antessignat
The new name must be distinguishable and contain the words	imited Liabilit	y Company,	" the design	nation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable					
(Principal office address MUST BE A STREET A	<u>(RESS)</u>			N	1 A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis agent and/or the new registered office address he		ldress on	our reco	rds, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:	···				
New Registered Office Address:					
rew register office, radies.		Ent	er Florida :	treet addr	ress
				I	Florida
		City			Zip Code
New Registered Agent's Signature, if changing Registy	red Agent:				
I hereby accept the appointment as registered as exprovisions of all statutes relative to the proper and accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this chance.	l con viete p agent as pr wed office a	erforman ovided fo	ce of my r in Chap	duties, d oter 605	and I am familiar with and S. F.S. Or, if this document is

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
<u>MGR</u>	Mehmet Emirog	u 9825 Bischofia Tree	<u>²_</u> ⊠Ádd
		Baynton Beach 7,33	H3t2Remove
			□ Change
AMBR	Ertugral Emiroglu	9825 Bischofathee	DATÚ
		Boynton Beach F1, 334	<u>3</u> 6□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change

D. If am	nding any other information, enter charge(s) here: (Attach additional sheets, if necessary.)
	
	
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(If an ef <u>Note:</u>	we date, if other than the date of filing: 1
If the reco record is fi	I 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 ed.
Dated	7/23/2020
	Signature of a men ber or with spixed representative of a member
	Ertugral Emirogal