Florida Department of State

... Division of Corporations Electronic Filing Cover Sheet

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.

(((H200002477013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 : (305)444-4977 Fax Number

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALYA INVESTMENT GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 TH 20 PH 3: 0

ALYA INVESTMENT GROUP 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 09/30/2019 and assigned Florida document number L19000238774
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 "LLC."
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
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 uct in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an 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

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SIRIN YURTSEVEN	520 BRICKELI. KEY DR	🖸 Add
		# A1619	© P amatur
		MIAMI, FL 33131	☐ Change
MGR	HATICE MUALLA YURTSEVEN	520 BRICKELL KEY DR	71.11
		# A1619	
		MIAMI, FL 33131	_
			17.11
			☐ Change
			□Remove
			☐ Change
			∷Add
			□Remove
			ÜAdd
			□Remove
			□Change

	1 '''	1					
	()	Hakki Orcu	n Gurtseven	SAZ COD WATER SAZBIZO 6 15 M 15 BIZOCETORIANIA			
07/28 ated		<u> </u>	202	()			
is filed.							
record spec	ifi c s a del	nyed effective da	ne, but not an eff	ective time, at 1	2:01 a.m. on th	e earlier of (b)	The 90th day a
ocument's	effective d	ate on the Depar	rtment of State's	records.			
metrive de meticelive	te, ii oto laie is listat data ingga	er than the oad Life date must be red in this block	te of filing: specific and convot does not meet th	t be prior to date of c applicable stat	filing or more th utory filing req	an 90 days after fil cirements, this d	ng.) Pursuant to f ate will not be l
ee aan da	en if neb	or than the do	te of filling:			(aption	al)
							4
		·····				<u></u>	
							
							
						, ,	<u> </u>
y							
					<u>,</u>		
				····			
			_ <u></u>			مسمده المحمور وين في سيست و معمور	