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COVER LETTER

	ion Section of Corporations		
OTTO TO COO	O PARTNERS LLC		
SUBJECT.	Name of Lim	nited Liability Company	
	les of Amendment and fee(s) are sub	_	
Please return all co	rrespondence concerning this matter	to the following:	
	YUNUS TOPCAN		
		Name of Person	
	YUGO PARTNERS LLC		
		Firm/Company	
	550 MARY ESTHER CU	T OFF NW UNIT# 13	
		Address	.
	FORT WALTON BEACH	I. FL 32548	
	yunustopcan@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further informa	ition concerning this matter, please co	all:	
YUNUS TOPCAN	Į.	954 850-9087	
,	lame of Person		ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUGO PARTNERS LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/02/2020}{}$ and as Florida document number $\frac{L20000001123}{}$.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	550 MARY EASTER CUT OFF NW UNIT # 13			
(Principal office address MUST BE A STREET ADDRESS)	FORT WALTON BEACH, FL 32548			
Enter new mailing address, if applicable:	550 MARY EASTER CUT OFF NW UNIT # 13= -			
	FORT WALTON BEACH, FL 32548			
(Mulling duaress MAT BE A FOST OFFICE BOX)	MAY BE A POST OFFICE BOX) FORT WALTON BEACH, FL 32548 5 5 5			
	5			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Enter Florida street address			
No. D. Co., LA., et al., et al	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, 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>	<u>Address</u>	Type of Action
MGR	YUNUS TOPCAN	550 MARY EASTER CUT OFF NW UNIT #13	🗆 Add
		FT WALTON BEACH, FL 32548	🗆 Remove
			Change
MGR	GOKHAN SIMSEK	550 MARY EASTER CUTT OFF NW UNIT #13	■ Add
		FT WALTON BEACH, FL 32548	Remove
			Change
			Add
			□ Remove
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fective date, if other than the date of an effective date is listed, the date must be specificate: If the date inserted in this block does becoment's effective date on the Departmen	fic and cannot be prior to not meet the applica		nore than 90 days aft		
record specifies a delayed effecti The 90th day after the record is fi		an effective	time, at 12:01	a.m. on the	earlier (
rted FEBRUARY 20	2020	 ·			
/					
ANTHE	of a member or author				

Page 3 of 3

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