

L2000000 1123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

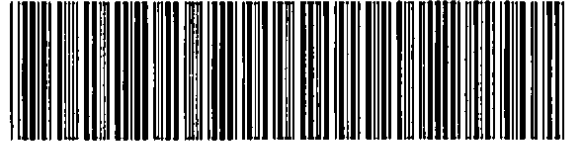
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500337890955

02/24/20--01023--009 \*\*25.00

FILED  
20 FEB 24 AM 10:46  
U.S. DEPT. OF JUSTICE

MAR 14 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: YUGO PARTNERS 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:

YUNUS TOPCAN

\_\_\_\_\_  
Name of Person

YUGO PARTNERS LLC

\_\_\_\_\_  
Firm/Company

550 MARY ESTHER CUT OFF NW UNIT # 13

\_\_\_\_\_  
Address

FORT WALTON BEACH, FL 32548

\_\_\_\_\_  
City/State and Zip Code

yunustopcan@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YUNUS TOPCAN

954 850-9087  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

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

## Page 1 of 3

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>
MGR	YUNUS TOPCAN	550 MARY EASTER CUT OFF NW UNIT #13	<input type="checkbox"/> Add
		FT WALTON BEACH, FL 32548	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GOKHAN SIMSEK	550 MARY EASTER CUTT OFF NW UNIT #13	<input checked="" type="checkbox"/> Add
		FT WALTON BEACH, FL 32548	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

20 FEB 24 AM 10:46  
FILED

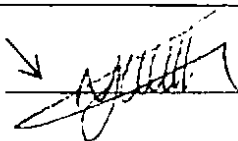
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 FEBRUARY 20 2020



Signature of a member or authorized representative of a member

YUNUS TOPCAN

Typed or printed name of signee