

LA 00000167645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

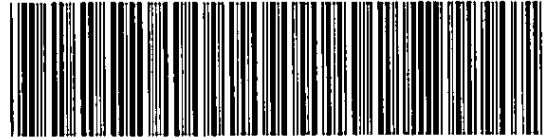
(Business Entity Name)

(Document Number)

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5/19/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLONALE GLOBAL MARKETING LLC NAME CHANGE

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:

HADI ERKISI

Name of Person

FLONALE GLOBAL MARKETING LLC

Firm/Company

12579 NIGHT VIEW DR.

Address

City/State and Zip Code

SARASOTA / FL / 34238

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

For further information concerning this matter, please call:

HADI ERKISI

_____ at (251) 2352130
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLONALE GLOBAL MARKETING 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 23RD JUNE 2020 and assigned Florida document number 120000167645

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLONALE GLOBAL TRADING LLC

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)

12579 NIGHT VIEW DR.

SARASOTA FL. 34238

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12579 NIGHT VIEW DR.

SARASOTA FL. 34238

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: HADI ERKISI

New Registered Office Address: 12579 NIGHT VIEW DR.

Enter Florida street address

SARASOTA, Florida 34238

City

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

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	HADI ERKISI	12579 NIGHT VIEW DR.	<input checked="" type="checkbox"/> Add
		SARASOTA FL, 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERTUG ERKISI	12579 NIGHT VIEW DR.	<input type="checkbox"/> Add
		SARASOTA FL, 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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