L2000385347

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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Office Use Only



09/05/23--01021--026 **55.00







COVER LETTER

TO: **Registration Section Division of Corporations**

3702 SHOMA LLC SUBJECT:

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:

VEDAT O, COKGOREN

Name of Person

3702 SHOMA LLC

Firm/Company

7067 ALISO AVENUE

Address

WEST PALM BEACH, FL 33413

City/State and Zip Code

VCOKGOREN@HOTMAIL.COM

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

For further information concerning this matter, please call:

VEDAT COKGOREN

Name of Person-

352-4242 561 at (_____ Area Code

Daytime Telephone Number

• *

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status D \$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 O	ORGANIZATION
0	F
	F 2023 SEP -5 111 2: 24 Tability Company)
3702 SHOMA LLC	ocr-s in a
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
he Articles of Organization for this Limited Liability Company	were filed on <u>12/09/2020</u> and assigned
lorida document number 1.20000385347	
his amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liah</u>	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
	,,,,,
<u> Mailing address MAY BE A POST OFFICE BOX)</u>	
. If amending the registered agent and/or registered office a	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	adress on our records, enter the name of the new regis
Name of New Registered Agent:	
Name of thew Registered Agem.	
New Registered Office Address:	

Enter Florida street address

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.

City

If amend the thorized 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>	Name	Address	Type of Action
MGR	AYSEGUL COKGOREN	7067 ALISO AVE	Add
		WEST PALM BEACH, FL 33413	🗆 Remove
			□Change
			🗔 Add
			Remove
			□Change
			🗇 Add
			🗆 Remove
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			🗆 Remove
	<u> </u>		🖸 Add
			CRemove
			□Change



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

(optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of tiling 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 August 29 _ 2023 Signature of a member or authorized representative of a member Vedut O. Cokaonen Typed or printed name of signee