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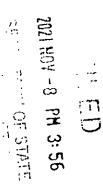
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A. RIVERS



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	Registration Se Division of Cor						
CHD IFC	TAMSAY I						
SUBJEC	Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	um all correspo	ndence concerning this matter	to the following:				
		MURAT KOYLU					
			Name of Person				
			Firm/Company				
		153 SE IST AVE					
			Address				
		BOCA RATON FL 33432					
		mukoylu@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report no	utication)			
For furthe	er information co	oncerning this matter, please ca	all:				
MURAT	KOYLU		561 5416096 at ()				
	Name o	f Person		me Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	00 Filing Fcc	☐ \$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:		Street Address:	action				
Registration Section Division of Corporations		-	Registration Section Division of Corporations				
	P.O. Box 632	-	The Centre of	•			
•	Tallahassee, l	FL 32314	2415 N. Mont	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

TAMSAY LLC			
(<u>Name of the Lim</u>	(A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited	Liability Company	were filed on (02/10/2021	and assigned
Florida document number L21(XXX)7(7(X)			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Balkan Holding LLC.			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	495 BRICKELL AVE #603	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33131	·
Inter new mailing address, if applicable:		495 BRICKELL AVE #603	
Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)	MIAMI, FL 33131	
3. If amending the registered agent and/or		address on our records, enter the r	name of the new registe
gent and/or the new registered office addr	ess here:		- •
Name of New Registered Agent: MURA		I.U	2021 NOV
New Registered Office Address:	153 SE 18T AV		1
		Enter Florida street address	7 T
	BOCA RATON	; Florida	33432 = 🗇
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		₹ 56

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ILHAN BALKAN	495 BRICKELL AVE #603	≣Add
		MIAMI, FL 33131	
MGR	JEFF ZADEH	495 BRICKELL AVE #703	□ Add
		MIAMI, FL 33131	■Remove
AMBR	SABRICAN ASLANKARA	495 BRICKELL AVE #703	□Add
		MIAMI, FL 33131	■Remove
		-	☐ Change
			©Remove
		- <u></u>	Change
			🖾 Add
			□ Remove
			□ Change
			Add
			□Remove
			□ Change

). 11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	MURAT KOYLU
	Typed or printed name of signee