

5/22/24, 2:20 PM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000314552

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MILBERY & KESSELMAN CPAS, LLC
Account Number : I20180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: TAD@FTMAMERICA.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FTM IMPORT EXPORT COMPANY LLC**

Certificate of Status	0
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M. SOLOMON

MAY 22 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FTM IMPORT EXPORT COMPANY, 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:

TUNC ADA

Name of Person

FTM IMPORT EXPORT COMPANY, LLC

Firm/Company

4400 N FEDERAL HWY, STE 210-47

Address

BOCA RATON, FL 33431

City/State and Zip Code

TAD@FTMAMERICA.COM

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

For further information concerning this matter, please call:

TUNC ADA

at (561) 431-1387
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

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DIVISION OF STATE
CORPORATIONS

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

FTM IMPORT EXPORT COMPANY, 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 07/09/2021 and assigned
Florida document number L21000314558.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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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>
AMBR	TUNC ADA	4400 N FEDERAL HWY, STE 210-47	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MELTEM KARADENIZ ADA	4400 N FEDERAL HWY, STE 210-47	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

CLERK OF STATE
JULY 2024

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

[illegible]

THE UNIVERSITY OF CHICAGO

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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 _____ MAY 21ST 2024

Signature of a member or authorized representative of a member

TUNC ADA

Typed or printed name of signer

Filing Fee: \$25.00

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