

121 000 347 062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

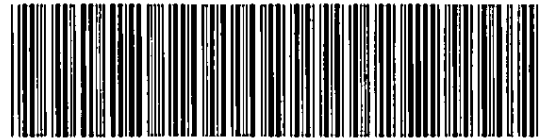
(Document Number)

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

Special Instructions to Filing Officer:

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2021 SEP 16 AM 9:36

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D PRUCE  
SEP 29 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2021

LEVENT DELIBAS  
8000 US HWY 27 S  
SEBRING, FL 33875

SUBJECT: LEVOSS LLC  
Ref. Number: L21000347062

We have received your document for LEVOSS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 321A00022599

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2021 SEP 16 AM 9:36  
DIVISION OF STATE  
CORPORATIONS  
SEBRING, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEVOSS 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:

LEVENT DELIBAS  
\_\_\_\_\_  
Name of Person  
  
LEVOSS LLC  
\_\_\_\_\_  
Firm/Company  
  
8000 US HWY 27 S  
\_\_\_\_\_  
Address  
  
SEBRING FLORIDA 33875  
\_\_\_\_\_  
City/State and Zip Code  
  
michaelq@roofcore.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEVENT DELIBAS  
\_\_\_\_\_  
Name of Person  
at ( 863 ) 4410050  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
TALLAHASSEE, FL  
SEP 16 2021

2021 SEP 16 AM 9:36

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## LEVOSS LLC

**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	MURAT A. AYDEMIR	41 SE 5TH STREET	<input checked="" type="checkbox"/> Add
		#317	<input type="checkbox"/> Remove
		MIAMI FLORIDA 33131	<input type="checkbox"/> Change
MGR	MRANT ABDULKAIR AYDEMIR	41 SE 5TH STREET	<input type="checkbox"/> Add
		#317	<input checked="" type="checkbox"/> Remove
		MIAMI FLORIDA 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 SEP 26 AM 9:36  
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MILWAUKEE, WI  
CLERK OF COURT

ALLAHABAD

2021 SEP 16 AM 9:39  
ALLAHAS-1-FL

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(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)

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.

Signature of a member of the \_\_\_\_\_

LEVENT DELIBAS

Typed or printed name of signer