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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations		
EXETER, I	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MELIH YAZICI		
		Name of Person	
	EXETER, LLC		
		Firm/Company	
	8081 Philips Highway, Sui	te 6	
		Address	
	Jacksonville, Florida,3225	6	
		City/State and Zip Code	
	yazici.altan@gmail.com E-mail address: (	to be used for future annual report no	lification)
For further information c	oncerning this matter, please c	all:	
MELIH YAZICI		904 8065299	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	-		
■ \$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 Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	-
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXETER, LLC	सं र	18E. 27 Ail 6: 56
(Name of the Limited	d Liability Company as it now appears on A Florida Limited Liability Company)	V.
The Articles of Organization for this Limited Lia Florida document number 1.21000407915	ability Company were filed on 09/15/2	021 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	E:	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet 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 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>	Address 297 See 35	Type of Action
MGR	ALTAN YAZICI	Address  MISER 27 AM 6: 56	□Add
		ST JOHNS, FL. 32259	≣Remove
			□Change
MGR	TUGBA YAZICI	1324 E CHINABERRY CT	<b>=</b> Add
		ST JOHNS , FL , 32259	□Remove
			□Clunge
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			□Remove
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an effective date is listed, the date must be speci lote: If the date inserted in this block does ocument's effective date on the Departmen	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 s not meet the applicable statutory filing requirements, this date will not be lister	0207 d as
record specifies a delayed effective date, b Lis filed.	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
09/20/2021 ated	11:30 AM	

Typed or printed name of signee