

h21 000434691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

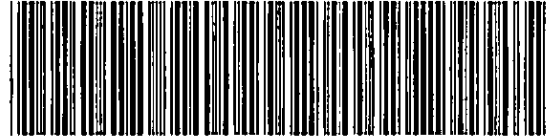
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700376287197

11/12/21 -- 01012--014 -- \$435.00

21 NOV 19 PM 3:29

T. MATTHEWS

NOV 29 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ERGUN RETAIL, 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:

JODI RONEN

Name of Person

JG CONSULTING SERVICES, LLC

Firm/Company

5481 WILES RD STE 502

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

JODI@ACCU-TAX.TAX

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

For further information concerning this matter, please call:

JODI RONEN

at ( 954 ) 449-9709

Name of Person

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

21 NOV 12 PM 3:29

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>                      |
|--------------|-----------------------------|---------------------|--|
| MGRM         | <del>XXXXXXXXXX</del> KAVCI | 169 EAST FLAGLER ST | <input type="checkbox"/> Add               |
|              | HUSOYIN                     | DU PONT BUILDING    | <input checked="" type="checkbox"/> Remove |
|              |                             | MIAMI, FL 33131     | <input type="checkbox"/> Change            |
| MGR          | SAFFET EMRE TANOREN         | 169 EAST FLAGLER ST | <input checked="" type="checkbox"/> Add    |
|              |                             | DU PONT BUILDING    | <input type="checkbox"/> Remove            |
|              |                             | MIAMI, FL 33131     | <input type="checkbox"/> Change            |
|              |                             |                     | <input type="checkbox"/> Add               |
|              |                             |                     | <input type="checkbox"/> Remove            |
|              |                             |                     | <input type="checkbox"/> Change            |
|              |                             |                     | <input type="checkbox"/> Add               |
|              |                             |                     | <input type="checkbox"/> Remove            |
|              |                             |                     | <input type="checkbox"/> Change            |
|              |                             |                     | <input type="checkbox"/> Add               |
|              |                             |                     | <input type="checkbox"/> Remove            |
|              |                             |                     | <input type="checkbox"/> Change            |
|              |                             |                     | <input type="checkbox"/> Add               |
|              |                             |                     | <input type="checkbox"/> Remove            |
|              |                             |                     | <input type="checkbox"/> Change            |

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

21 NOV 12 PM 3:29

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 11/08 2021



Signature of a member or authorized representative of a member

AYSIN ARCA

Typed or printed name of signee