

L2200004626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

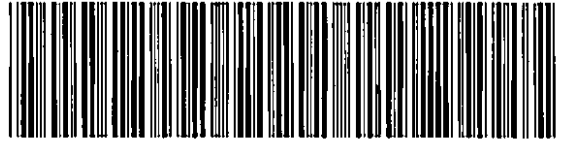
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED  
2022 MAR 18 AM 9:03  
TALLAHASSEE, FL

2022 MAR 17 PM 3:30

Amund

MAR 21 2022  
I ALBRITTON

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$25.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

SEZER GROUP LLC

L22000046265

(Business Name

Document

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ **Certified Copy (please stamp each page)**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**AMMENDMENTS**

X Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_

**Country**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2022

FLORIDA CAPITAL COURIER

SUBJECT: SEZER GROUP LLC  
Ref. Number: L22000046265

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 722A00006472

2022 MAR 18 PM 4:08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEZER GROUP 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:

Name of Person

SEZER GROUP LLC

Firm/Company

14207 E PARSLEY DR

Address

MADEIRA BEACH, FL 33708

City/State and Zip Code

ebru@trusainvestment.com

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

For further information concerning this matter, please call:

EBRU VURAL

727

518-5577

at (\_\_\_\_\_)

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SEZER GROUP LLC

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

**FILED**  
2022 MAR 18 AM 9:03  
TALLAHASSEE, FL  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 01/27/2022 and assigned  
Florida document number L22000046265.

This amendment is submitted to amend the following:

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

N/A

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:

EBRU VURAL

New Registered Office Address:

14207 E PARSLEY DR

Enter Florida street address

MADEIRA BEACH

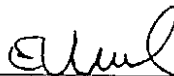
City

Florida 33708

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

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	SEZER, ERDEM	14207 E PARSLEY DR	<input type="checkbox"/> Add
		MADEIRA BEACH, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VURAL, EBRU	14207 E PARSLEY DR	<input checked="" type="checkbox"/> Add
		MADEIRA BEACH, FL 33708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific.)

(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 03/15, 2022

Elmer  
Signature of a member or authorized representative of a member

EBRU VURAL  
Typed or printed name of signee

**Filing Fee: \$25.00**