

L22000163814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

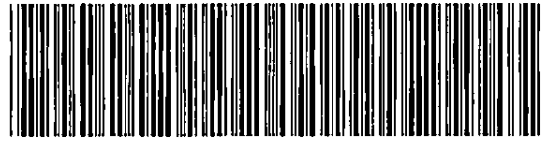
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 10 PM 4:04
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NAL PROPERTY INVESTMENTS 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:

ERHAN SAKAOGLU

Name of Person

ERHAN SAKAOGLU PA

Firm/Company

8605 SE 58TH STREET

Address

COOPER CITY FL 33328

City/State and Zip Code

ERHAN@SAKALAW.COM

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

For further information concerning this matter, please call:

ZULFIQAR LAKHA

954

6007422

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

2024 JUN 10 PM 14:04
CORPORATION DIVISION
TALLAHASSEE, FL 32303

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>
AMGR	NACAROGLU, SEVKI	9429 HARDING AVE 282	<input type="checkbox"/> Add
		SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	NACAROGLU, MURVET	9429 HARDING AVE 282	<input type="checkbox"/> Add
		SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2024 JUN 10 PM 4:00
 Remove
 Change

...

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

N/A

Multiple horizontal lines for amending information.

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 01 2024

Omur Akay

Signature of a member or authorized representative of a member

Omur Akay AMBR

Typed or printed name of signer

Filing Fee: \$25.00

2024 JUN 10 PM 4:04