LZZ000163814

(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:





100431132981

06/10/24--01022--019 ++25.00

6/50/54

2024 JUNIO PHINON

COVER LETTER

TO: Registration S Division of Co	ection rporations		mar. V
cup wer	NAL PROPER	TY INVESTMENTS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Pleuse return all correspo	ondence concerning this matter	to the following:	
	ERHAN SAKAOGLU		
		Name of Person	
	ERHAN SAKAOGLU PA	A	
		Firm/Company	
	8605 SE 58TH STREET		
	-	Address	
	COOPER CITY FL 33328	3	
	ERHAN@SAKALAW.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual repor	notification)
For further information c	oncerning this matter, please c	all:	
ZULFIQAR LAKHA		954 6007422 at ()	!
Name o	f Person		ytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(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

NAL PROPERTY INVESTMENTS LLC

(Name of the Lin	nited Liability Company as i (A Florida Limited Liability	now appears of Company)	n our records.)	
The Articles of Organization for this Limited Florida document number L22000163814	Liability Company were	filed on	04/05/2022	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability c	ompany here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liability Con	ipany," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	N/A			
Mailing address MAY BE A POST OFFICE	<u> </u>		•	<u> </u>
3. If amending the registered agent and/or agent and/or the new registered office address.	registered office addres ess here:	s on our reco	ords, <u>enter the nan</u>	ne of the new regi
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida	street address	
			, Florida	
		n'		Zin 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>	Address	Type of Action
AMGR	NACAROGLU, SEVKI	9429 HARDING AVE 282	
		SURFSIDE, FL 33154	■Remove
			□ Change
AMGR	NACAROGLU, MURVET	9429 HARDING AVE 282	□Add
		SURFSIDE, FL 33154	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		<u> </u>	□Change
			🗆 Add
			□Remove
			Change
			□Add
			☐ Remove ☐

N/A								
						· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	_					
								
			_				· -	_
-								
					_ _			
				-				
	<u> </u>							
				 .			·	
	<u> </u>							
	-							
		<u> </u>		· - ·				
		-			<u> </u>			
				<u> </u>				
Tective dat in effective da	e, if other than the date must be	ate of filing:	:	ior to date of	filing or more t	han 90 days of	ional) r Glion V Dumu	405 O
<u>ote:</u> 11 the a	ate inserted in this bloc fective date on the Dep	ik does not me	eet the app	licable statu	tory filing re	quirements, th	is date will no	ot be listed
edinetik 3 et	rective date on the 19ep	arment of St	ate s record	us.				
ecord specif	ies a delayed effective	date, but not a	an effective	time at 12	Olamont	ne carlier of: (h) The Olith	day after t
is filed.	·					ie carrier or. (0) 1110 7011	day arter ti
	MAY 01		2021					
ted	BIAT 01	<u> </u>	2024	<u></u>				
			10000	til.	n 1 1			
	<u></u>	gnature of a mo	ember or au	thorized repr	esemulive of a	member	-	
				<i>f</i> .	/			

Filing Fee: \$25.00