# L22000423097

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



11/02/24--01003--001 +\*25.00

2024 JAN - 3

414 IO: 04

٠.



# **COVER LETTER**

### **Registration Section** TO: **Division of Corporations**

Joppil Investments LLC

SUBJECT: \_\_\_\_\_

.

,

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Plea

Please return all correspo	ndence concerning this matter t	o the following:			
	Omar Akdeniz				
		Name of Person			
		Firm/Company			
	2151 Consulate dr #13				
	Ortando FL 32837	Address			
	baystonegroupfl@gmail.con	City/State and Zip Code			
		to be used for future annual report notifica	tion)	2024 JAN	
For further information e Omar Akdeniz	concerning this matter, please ea	ali: 407 4043853 at ()		ω	
Name o	of Person	Atea Code Daytime To	elephone Number	ANIO: 05	و ن المعنین الموریا
Enclosed is a check for t	he following amount:			ini Ol	
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	<ul> <li>\$55,00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	Certified (	e of Status &	

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

Joppd Investments LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Liui	mpany as it now appears on our reco ned Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Comp 1.22000423097 Florida document number	0120/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		T and
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	tress
		Florida
	Ciny;	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>	Name	<u>Address</u>	Type of Action
MBR	Omur Aysen	2392 BRIDGEWOOD TR-ORLANDO, FL 32818	Add
			Remove
			□Change
MBR	Abdullah Maruleu	10015 LAKE CREEK PKWY #127	∎Add
<del>_</del>		AUSTIN, TX 78729	 □Remove
			Clunge
			🗆 Add
			2021 Remove
			Change
		<u>د</u> ند. ۲	05
			🗆 Remove
			🗆 Change
			🗆 Add
			🗌 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change

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

. . .

	<u> </u>
	1
rtive date, if other than the date of filing:	
tive date, if other than the date of filing:	(optional)

1

!

2

ł

(If an effective date is listed, the date must be specific and cannot be prior to date of hing or more than 90 days and multiply associated (ex-<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be instead 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.

December 15	2023
Dated	
	andeden
	Signature of a member or authorized representative of a member
	OMOR AKDENIZ
	Typed or printed name of signee