

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L23000429514**

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((H24000327993 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ALBER TAX ACCOUNTANT  
Account Number : I20150000098  
Phone : (305)713-9142  
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Email Address: JCALBER@me.com

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EFCA USA LLC

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Electronic Filing Menu

Corporate Filing Menu

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SEP 30 2024

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EFCA USA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/15/2023 and assigned  
Florida document number L23000429514.

This amendment is submitted to amend the following:

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

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)

3190 S STATE ROAD 7

STE A3

MIRAMAR, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3190 S STATE ROAD 7

STE A3

MIRAMAR, FL 33023

**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:

CELIK, EFKAN

New Registered Office Address:

3190 S STATE ROAD 7 STE A3

*Enter Florida street address*

MIRAMAR


Florida 33023

*City*

*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>
MGR	CELIK, EFKAN	3190 S STATE ROAD 7 STE A3	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	VASQUEZ, SANDRA R	2400 NW 80TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33147	<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.)*

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 SEPTEMBER 26, 2024

A handwritten signature, possibly reading "X", written across the horizontal line of the document. The signature is stylized and appears to be made with dark ink.

Signature of a member or authorized representative of a member

EFKAN ÇELİK

Typed or printed name of signee