La3000535699

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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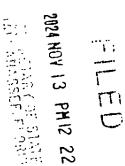
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LLC N/C & Amen

11/13/24--01019--025 **25.00



A. RAMSTY

COVER LETTER

TO: Registration So Division of Cor			
XUMA DE	SIGN LLC		
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MEHMET'S ERTEKIN		
		Name of Person	-
	XUMA DESIGN LLC		
		Firm/Company	
	475 BRICKELL AVE UNI	L 808	
	- <u></u>	Address	
	MIAMI, FL 33131		
	SE@XUMA.US	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please ca	all:	
MEHMET'S ERTEKIN		786 686 0000	
		at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fce	☐ \$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 Addre		Street Address:	
Registration Division of 0		Registration S Division of Co	
P.O. Box 633	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEU

XUMA DESIGN LLC

company has been notified in writing of this change.

2024 NOV 13 PM 12 22

(Name of the Limited Liability (A Florida I	Company as it now ap Limited Liability Compan	pears on our re ny)	COORDS OF STATE OF ST
The Articles of Organization for this Limited Liability Co Florida document number L23000535699	mpany were filed on	12/04/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability compan	y here:	
XUMA AUTO LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," t	he designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
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 o	ur records, <u>e</u> i	nter the name of the new regist
agent and/or the new registered office address here:			
Name of Name Business and A guard			
Name of New Registered Agent:		·	
New Registered Office Address:	Futa	Florida street a	ddenas
	Enier		
	City		, Florida
	ŕ		Zip Coae
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a			
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag			
being filed to merely reflect a change in the registered			

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

Title	<u>Name</u>	Address	Type of Action
AMBR	SABRIADALI	475 BRICKELL AVE UNIT 808 MIAMI, FL 33131	🗆 Add
			= Remove
			□Change
AMBR	ZEKI GULTEKIN	475 BRICKELLAVE UNIT 808 MIAMI, FL 33131	
			□ Remove
			□Change
			□Add
			□Remove
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(If an effo Note:	ve date, if other than the date of filing:
f the recore	d 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 ed.
	NOVEMBER 07 2024
Dated	
	Signature of a member or authorized representative of a member