

L24000012514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

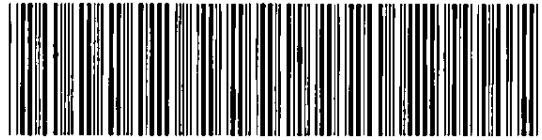
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/16/24--01012--005 **25.00

LLC N/C & Amend

FILED
2024 NOV 21 AM 11:05
CLERK OF STATE
MISSISSIPPI

A. RAMSEY
NOV 22 2024

*00789, 02544, 02976, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2024

HAKAN KUCUKBINGOL
US INDUSTRIAL AUTOMATION LLC
22054 BOCA PLACE DR, UNIT 1013
BOCA RATON, FL 33433

SUBJECT: US INDUSTRIAL AUTOMATION LLC
Ref. Number: L24000012514

We have received your document for US INDUSTRIAL AUTOMATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

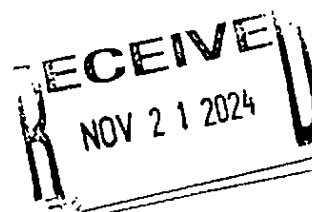
The document number of the name conflict is P16000038504.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 624A00024164



COVER LETTER

TO: Registration Section
Division of Corporations

US INDUSTRIAL AUTOMATION LLC

SUBJECT: _____
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:

HAKAN KUCUKBINGOL

Name of Person

US INDUSTRIAL AUTOMATION LLC

Firm/Company

22054 BOCA PLACE DR, UNIT 1013

Address

BOCARATON 33433

City/State and Zip Code

hakankucukbingol@gmail.com

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

For further information concerning this matter, please call:

HAKAN KUCUKBINGOL

561 4516302

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

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

US INDUSTRIAL AUTOMATION LLC

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

FILED
2024 NOV 21 AM 11:05

The Articles of Organization for this Limited Liability Company were filed on 11/18/2024 and assigned
Florida document number 124000012514.

This amendment is submitted to amend the following:

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

CTTRA GLOBAL GROUP LLC

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) _____

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 our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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

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

[illegible]

11/18/2024

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.

NOV. 18

2024

Dated _____

Signature of a member or authorized representative of a member

HAKAN KUCUKBINGOL

Typed or printed name of signee