

24000194929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

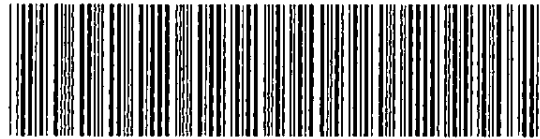
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 14 2024

Office Use Only



500434831685

RECEIVED

2024 NOV 13 PM 2:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 NOV 13 AM 11:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

POKE WEST LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

11: Pender & Pender - Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

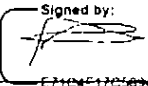
SUBJECT: POKE WEST LLC

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:

BUGRA TOPLUSOY

Signed by: 

E71C4F17C586413
Name of Person

POKE WEST LLC

Firm/Company

8870 W Atlantic Ave Suite D4

Address

Delray Beach, FL 33446

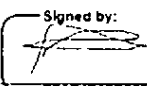
City/State and Zip Code

delray@thepokecompany.com

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

For further information concerning this matter, please call:

BUGRA TOPLUSOY

Signed by: 

E71C4F17C586413
Name of Person at (561) 270-9282
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2024 NOV 13 AM 11:13
CLERK OF STATE
TREASURY

POKE WEST 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 04/25/2024 and assigned
Florida document number L24000194929.

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:

8870 W Atlantic Ave Suite D4

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33446

Enter new mailing address, if applicable:

8870 W Atlantic Ave Suite D4

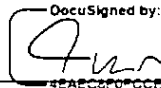
(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach, FL 33446

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:

OZSEN, ERSIN

DocuSigned by:

#EAECC8F0CCE42E

New Registered Office Address:

8870 W Atlantic Ave Suite D4

Enter Florida street address

Delray Beach

City

Florida 33446

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.

DocuSigned by:

#EAECC8F0CCE42E

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	Name	Address	Type of Action
MGR	TOPLUSOY, BUGRA B	2900 HIGH RIDGE ROAD UNIT 6	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BERKEL, AZIZ A	2900 HIGH RIDGE ROAD UNIT 6	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CEKEM, GURKAN G	2900 HIGH RIDGE ROAD UNIT 6	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OZSEN, ERSIN	8870 W Atlantic Ave Suite D4	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OZYURT, BULENT	8870 W Atlantic Ave Suite D4	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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)

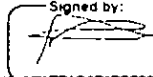
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER 11 2024

Signed by:



Signature of a member or authorized representative of a member

BUGRA TOPLUSOY

Typed or printed name of signee

COVER LETTER

**TO: Registration Section
Division of Corporations**

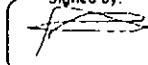
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E7104F17C569413
Name of Person

POKE WEST LLC

Firm/Company

8870 W Atlantic Ave Suite D4

Address

Delray Beach, FL 33446

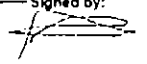
City/State and Zip Code

delray@thepokecompany.com

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

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Signed by:

E71C4F17C569413

Name of Person

561 270-9282
at ()
Area Code Daytime Telephone Number

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(additional copy is enclosed) |
|--|--|--|--|

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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