

L24000511031

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2024 DEC 13 PM 5:01
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TILE AND MOSAIC SOURCE 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:

Ebru Aran

Name of Person

TILE AND MOSAIC SOURCE LLC

Firm/Company

3740 MORTON ST

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

ebruaran.us@gmail.com

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

For further information concerning this matter, please call:

Ebru Aran

813

401-2907

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**

TILE AND MOSAIC SOURCE LLC

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

FILED
2024 DEC 13 PM 4:58
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/09/2024 and assigned
Florida document number 1.24000511031.

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:

3740 MORTON ST., JACKSONVILLE, FL 32217 US

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3740 MORTON ST., JACKSONVILLE, FL 32217 US

(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

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>
AMBR	Ebru ARAN	3740 MORTON ST	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32217 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ismail Giray YARDIM	3740 MORTON ST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32217 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Bilal SENSOY	3740 MORTON ST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32217 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Typed or printed name of signee