P190000 15907

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	K INC	
DOCUMENT N	UMBER: P19000015907	·- ·	
The enclosed Arti	icles of Amendment and fee are su	ibmitted for filing.	
Please return all o	correspondence concerning this ma	tter to the following:	
	SHABAN MALIK, CPA		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n
	MALIK & CO.		
		Firm/ Company	
	9000 NW 44TH STREET, S	UITE 204	
		Address	
	SUNRISE FL 33351		
		City/ State and Zip Cod	e
S	SHABAN@SHABANMALIKCPA	A.COM	
_	-	sed for future annual report	notification)
For further inform	nation concerning this matter, pleas	se call:	
SHABAN MALI	K	at (778-7614
Na	ume of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	e □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TURKISH GREEK INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000015907	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	eatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>:ss</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	31 TH TO
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
Now Negasiarea Office I day con.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: on familiar with and accept the obligations of the position.
Signatur	re of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	GULSEREN DILEK	8221 GLADES RD, STE 1
Add			BOCA RATON, FL 33433
X Remove			
2) Change	Р	SAKINE GUVEN	8221 GLADES RD, STE I
X Add			BOCA RATON, FL 33433
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	······
<u> </u>	
	Notice of the state of the season
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	7/24/2019	, if other than the
The date of each amendment(s) a date this document was signed.	adoption:	, if other man un
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/24/201	19	
DatedSignature	MM	
(By a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)	
	SHABAN MALIK	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	

. . .