

P970000 17872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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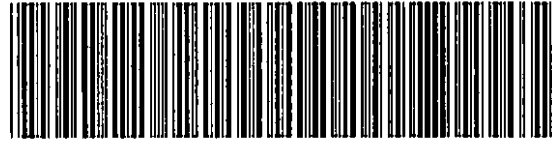
Special Instructions to Filing Officer:

J. HORNE

DEC 28 2021

12/14/21

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FILED

2021 DEC 14 AM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FL 32399



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 14 PM 10:55

October 27, 2021

MUSTAFA ACIKOOZ  
1388 NW 2ND AVE  
UNIT 5  
BOCA RATON, FL 33432 US

SUBJECT: A.A.A. ADA MOVING & STORAGE, INC.  
Ref. Number: P97000017872

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 021A00026121

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A.A.A. ADA MOVING + STORAGE, INC.

DOCUMENT NUMBER: P97000017872

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MUSTAFA ACIKGOZ  
Name of Contact Person  
A.A.A. ADA MOVING + STORAGE INC.  
Firm/ Company  
1388 NW 2ND AVE # 5  
Address  
BOCA RATON FL 33432  
City/ State and Zip Code  
adamoving1997@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUSTAFA ACIKGOZ at (561) 447 4362  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee  
☒ \$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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation

FILED

A.A.A. ADA Moving + Storage, Inc

2021 DEC 14 AM 12:31

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000017872

SECRETARY OF STATE  
TALLAHASSEE, FL 323

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                        |  |
|---|----------|------------------------|--|
| 1) <input type="checkbox"/> Change      | <u>T</u> | <u>JUAN KISAREWICH</u> | <u>1262 NE 34<sup>TH</sup> CT</u>          |
| <input checked="" type="checkbox"/> Add |          |                        | <u>OAKLAND PARK, FL 33334</u>              |
| <input type="checkbox"/> Remove         |          |                        |  |
| 2) <input type="checkbox"/> Change      | <u>S</u> | <u>VIANNER SANTOS</u>  | <u>1321 NW 18<sup>TH</sup> DR, Apt 207</u> |
| <input checked="" type="checkbox"/> Add |          |                        | <u>POINCIAN BEACH FL 33069</u>             |
| <input type="checkbox"/> Remove         |          |                        |  |
| 3) <input type="checkbox"/> Change      | _____    | _____                  | _____                                      |
| <input type="checkbox"/> Add            |          |                        |  |
| <input type="checkbox"/> Remove         |          |                        |  |
| 4) <input type="checkbox"/> Change      | _____    | _____                  | _____                                      |
| <input type="checkbox"/> Add            |          |                        |  |
| <input type="checkbox"/> Remove         |          |                        |  |
| 5) <input type="checkbox"/> Change      | _____    | _____                  | _____                                      |
| <input type="checkbox"/> Add            |          |                        |  |
| <input type="checkbox"/> Remove         |          |                        |  |
| 6) <input type="checkbox"/> Change      | _____    | _____                  | _____                                      |
| <input type="checkbox"/> Add            |          |                        |  |
| <input type="checkbox"/> Remove         |          |                        |  |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.


Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by incorporator / president  
(voting group)"

Dated 10/5/21

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MUSTAFA ACIKGOZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)