P99000106201

Office Use Only



500251012675

08/28/13--01009--004 ******43.75

SECRETARY OF STATE TALL AHESSEE FOR DISCHARGE

OC 9/5

COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: Fulya Acikgoz, Inc. DOCUMENT NUMBER: P99000106201						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Fatih Acikgoz Name of Contact Person						
Firm/Company 21632 Lynhurst Way Address Boca Raton, FL 33428 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Fatih Acikgoz at (954) 415-7512 Name of Contact Person Area Code & Daytime Telephone Number						
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee. FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



	Articles of In	corporation		
- \ .	0	f :	13 AUG 28	AH 10: 44
Fulya A		Inc.		_
(Name of Corporation as c	urrently fited with the	Florida Dept. of State)		
10001				_
(Document	Number of Corporation ((if known)		
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporat	ion adopts the following	ng amendment(s)
. If amending name, enter the new nam	ne of the corporation:			
Fatin Acil	Kanz Inc.			The new
Fatiw Acidame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designat ord "chartered," "professional association	tion "Corp," "Inc," or	"Co". A professional co	ocorporated" or the orporation name mus	abbreviation t contain the
. Enter new principal office address, if	applicable:	N	/A	
Principal office address <u>MUST BE A ST</u>			 	_
Enter new mailing address, if application (Mailing address MAY BE A POST Of		N /	A	-
. If amending the registered agent and			e name of the	,
new registered agent and/or the new	registered office addres	<u>ss:</u>		
Name of New Registered Agent	NIA		<u>_</u>	
-	(Florida s	treet address)		
New Registered Office Address:	NIA	. F	orida	
	(Cir ₎	·)	(Zip Code)	
Inv Decistand Appets Ct.	and Danisters J.A.	.4.		
lew Registered Agent's Signature, if cha hereby accept the appointment as register			gations of the position	,
•	NIA			
Sign	ature 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 <math>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: X Change						
A Change	<u>PT</u>	John Do	<u>le</u>	1		
X Remove	V	Mike Jo	nes	\mathcal{N}	14	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	·	[` '	
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s
1) Change		_			<u> </u>	
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add		_				
Remove						
6) Change						
Add						
Remove						

Attach <i>additional sheets</i> , į		(Be specific)				
		N	/A			
			/		··-	
					-	
				· · · · · · · · · · · · · · · · · · ·		
f an amendment provide provisions for implement (if not applicable, in	ting the amend	nge, reclassi Iment if not	fication, or can contained in th	<u>ellation of issu</u> e amendment i	<u>tself:</u>	
(у тя цурнецые, т	meane twitty					
		ΛI	IA			
			1			

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 east for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8/26/13	
Signature Address	
(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)	_
(Typed or printed name of person signing)	_
President Director	_