

L13000075079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

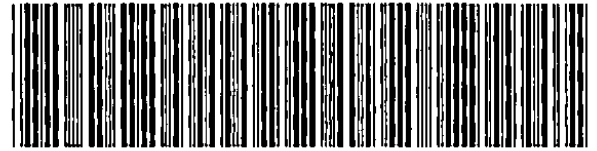
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300319213613

10/16/18--01035--006 **30.0

RECEIVED

OCT 15 2018

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 15 AM 10:34

Amend
81-4-18
LB
10-24-18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TURGO 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:

Peter Hoffmann

Name of Person

Turgo LLC

Firm/Company

200 Biscayne Blvd way Suite 5012

Address

Miami, FL 33131

City/State and Zip Code

pah@turgo.us

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

For further information concerning this matter, please call:

Peter Hoffmann

305

6321054

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2018 OCT 15 AM 10:34

TURGO LLC

(Name of the Limited Liability Company as it now appears on our records.) **FLORIDA**
(A Florida Limited Liability Company) **TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 05/22/2013 and assigned
Florida document number L13000075079.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 r
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
AMBR	Greg Knobloch	7585 SW 163rd ST	<input type="checkbox"/> Add
		Palmetto Bay, Fl. 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gabriel Hernandez	1111 Brickel Bay Dr # 3104	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mary Serrano	6350 W27th Ln, Bldg 21, Apt 104	<input checked="" type="checkbox"/> Add
		Hialeah, Fl. 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated OCTOBER, 09, 2018

Typed or printed name of signee