

**L18000102029**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

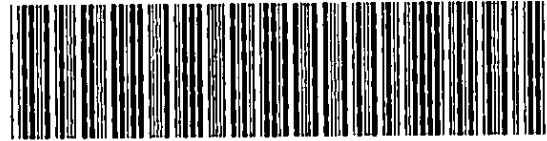
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

2019 JAN 22 AM 7:59

**FILED**

C. GOLDEN

JAN 26 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TURNKEY ENTERPRISE GROUP 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:

DANIEL TURNER

Name of Person

TURNKEY ENTERPRISE GROUP LLC

Firm/Company

1944 49TH ST S SUITE 100

Address

GULFPORT FLORIDA 33707

City/State and Zip Code

turnkeyenterprise@gmail.com

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

For further information concerning this matter, please call:

DANIEL TURNER at ( 727 ) 254-9316  
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

2019 JAN 22 AM 7:59

TURNKEY ENTERPRISE GROUP LLC

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

STATE OF FLORIDA  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/23/2018 and assigned  
Florida document number L18000102029

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

1944 49TH ST S SUITE 100

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

GULFPORT FL. 33707

Enter new mailing address, if applicable:

1944 49TH ST S SUITE 100

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

GULFPORT FL. 33707

**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:

DANIEL TURNER

New Registered Office Address:

4905 34TH ST S SUITE 177

*Enter Florida street address*

SAINT PETERSBURG

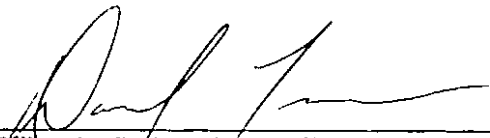
Florida 33711

*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>
COO	SHAWNTAVIA TURNER	4905 34TH ST S SUITE 177 SAINT PETERSBURG FL 33711	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	JASMINE TURNER	4905 34TH ST S SUITE 177 SAINT PETERSBURG FL 33711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	DANIEL TURNER	4905 34TH ST S SUITE 177 SAINT PETERSBURG FL 33711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	MYON TURNER	4905 34TH ST S SUITE 177 SAINT PETERSBURG FL 33711	<input checked="" 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

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

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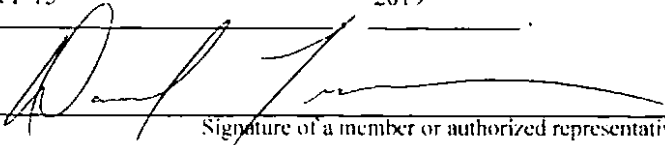
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

N/A

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JANUARY 15 \_\_\_\_\_, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DANIEL TURNER  
\_\_\_\_\_  
Typed or printed name of signee