L19 000 142 797

(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:





000436456700

99.113/2~~~011 -11--008 - **81.00

All refer to me of our

COVER LETTER

TO: Registration Se Division of Cor			
Turnkey Tr	renchless LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	_	
	Emily Gers		
		Name of Person	
	Turnkey Trenchless LLC		
	 	Firm/Company	
	66 W Flagler Street, Suite	900	
		Address	
	Miami, FL 33130		
		City/State and Zip Code	·
	info@turnkeytrenchless.cor	n to be used for future annual report not	ification
For further information of	concerning this matter, please ca		in Caron,
Emily Gers		305 813-3319	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32314

٠, ٠, ٠,

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it n (A Florida Limited Liability (<u>low appears on our recor</u> Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company were filed on 05/29/2019 Florida document number 1.19000142797				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability cor	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		<u></u>	
			- 4- 	
			-0	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u> </u>			
			<u>್ </u>	
			80	
B. If amending the registered agent and/or agent and/or the new registered office addr		on our records, <u>ente</u>	r the name of the new registe	
Name of New Registered Agent:	Emily Gers			
New Registered Office Address:	125 NE 32nd Street, Ur	nit 2203		
		Enter Florida street addr	SXA	
	Miami	, F	Torida 33 137 Zip Code	
	Cin	,	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agree to ac	ct in this capacity. If	urther agree to comply with t	
provisions of all statutes relative to the pro accept the obligations of my position as res	per and complete perfori	mance of my duties, a	and I am familiar with and	

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>	Type of Action
AMBR	Christopher Parker	125 NH 32nd Street, 2320, Miami, FL 33137	□ Add
			■Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

		· · · · · · · · · · · · · · · · · · ·
 		
Effective date, if other than the	date of filing:	(optional)
Note: If the date inserted in this bl	at be specific and cannot be prior to date of ook does not meet the applicable state epartment of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(utory filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 17	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 9	2024	
0.0		
		resentative of a member

Filing Fee: \$25.00

Typed or printed name of signee