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AUG 2 6 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TURTLE TRAILS Cape CURA! Local 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:
Theresa Arena Name of Person
TURTLE trails cape CORA) LLC
205 TROPICANA PKWY W
Copp Corrected 33993  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresa Arewa at (40), 243 4202  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Scertified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURFLE TRAIL	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	ty Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following	तः	
A. If amending name, enter the new name of the TURTIL SOOD L.  The new name must be distinguishable and contain the words.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET AL	C C Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
<del></del>	<i>a</i> :	, 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 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
	· · · · · · · · · · · · · · · · · · ·		□Add
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Tective date, if other an effective date is listed, ote: If the date inserte ocument's effective date	he date must be speci d in this block does	fic and cannot be prior not meet the applic	able statutory filing	(option re than 90 days after fil requirements, this d	r <b>al)</b> ling.) Pursuant to 605.0207 late will not be listed as
ecord specifies a delay is filed.	ed effective date, b	ut not an effective t	ime, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
ned JULY	8	205	<u>RD</u> _		
	JAMO Signaturi	d M. G	MMû orized representative o	f a member	<del>,</del>
			AYE X		