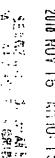
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(Re	questor's Name)	<u> </u>
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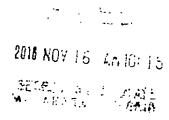
COVER LETTER

TO:				
SUBJE		LDINGS LLC		
		Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please n	etum all correspo	ndence concerning this matter	to the following:	
		ADRIAN MIDDLETON		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		MIDDLETON & MIDDL	ETON, P.A.	
			Fimt/Company	
		Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. Im all correspondence concerning this matter to the following: ADRIAN MIDDLETON Name of Person MIDDLETON & MIDDLETON, P.A. Firm/Company 1469 MARKET ST Address TALLAHASSEE, FL 32312 City/State and Zip Code BIZ.SERVICES.FL@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: MIDDLETON Name of Person Name of Person Daytime Telephone Number s a check for the following amount:		
			Address	
		TALLAHASSEE, FL 323	Name of Limited Liability Company at and fee(s) are submitted for filing. AN MIDDLETON Name of Person LETON & MIDDLETON, P.A. Firm/Company AARKET ST Address AHASSEE, FL 32312 City/State and Zip Code RVICES.FL@GMAIL.COM E-mail address: (to be used for future annual report notification) his matter, please call: at (
			City/State and Zip Code	
Name of Person MIDDLETON & MIDDLETON, P.A. Firm/Company 1469 MARKET ST Address TALLAHASSEE, FL 32312 City/State and Zip Code BIZ.SERVICES.FL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIAN MIDDLETON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$30.00 Filing Fee,				
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please co	all:	
ADRIA	N MIDDLETON			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	e following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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



TURK HOLDINGS LLC

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

The Articles of Organization for this Limited Liability Company	y were filed on 4/7/05	and assigned
Florida document number L05000034390		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	JLC" or the abbreviation "L.J.,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 of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street add	Iress
		Florida
Now Desistered Assets Company of shounds Desistand Assets		Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am familiar with and 15, F.S. Or, if this document is
If Cha	nging Registered Agent, Signatu	re 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
MGR	BRANDEN E PASTILONG	5302 N. BRANCH	□ Add
		TAMPA, FL 33603	
			■ Remove
			Change
			
			□ Remove
			Change
			Add
			☐ Remove
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li ffecti	ive date, if other than the date of filing:(optional)	
<u>Note:</u>	(optional) ective date, if other than the date of filing: (optional) ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	07 (3 as th
ne red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	November 16, 2018.	
		9
	///16	==:
	Signature of amember or authorized representative of a member	onia NOV

Page 3 of 3

Filing Fee: \$25.00