L06000041848

(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:
W21-81643

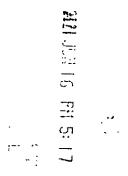
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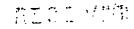
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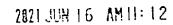
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2021

APRIL WOOD 1915 SOUTH CO PO BOX 142. THOMASVILLE, GA 31799

SUBJECT: TURNER REALTY OF THOMASVILLE, LLC

Ref. Number: L06000041848

We have received your document for TURNER REALTY OF THOMASVILLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 821A00012300

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Turner Real	ty of Thomasville, LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		April Wood		
		<u> </u>	Name of Person	
		1915 South Co.		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		P.O. Box 1427		
			Address	
		Thomasville, GA 31799		
			City/State and Zip Code	<u></u>
		awood@1915South.com	to be used for future annual r	epart patification)
For further in	nformation co	oncerning this matter, please ca		cport in the control of the control
Nancy M. W	Vallace		850 224 at ()	-9634
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certificate of Status &

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

A21 JUN 16 PN 5: 17

Turner Realty of Thomasville, LLC			
(Name of the Limited Liab (A Flor	i <mark>lity Company a</mark> ida Limited Liabi	s it now appears on our lity Company)	records.)
The Articles of Organization for this Limited Liability	Company wer	re filed on	and assigned
Florida document number L06000041848	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	<u>mited liability</u>	company here:	
1915 South Realty of Thomasville, LLC			
The new name must be distinguishable and contain the words "L	imited Luability C	'ompany," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_		
(Principal office address MUST BE A STREET ADI	DRESS) _		
	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)	_		
	-		
15 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		.	and the same of the second state
B. If amending the registered agent and/or register agent and/or the new registered office address here		ress on our records,	enter the name of the new register
Name of New Registered Agent:			····
New Registered Office Address:			
reggered only a restrict.		Enter Florida street	address
		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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address 221 Jbil 16 Pit 5: 17	Type of Action
			□Add
			□Remove
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Change
			□Add
		.	□ Remove
			🗖 Change
			🖸 Add
			□Remove
			□Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more is Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(opti han 90 days after quirements, thi	i onal) r filing.) Purs is date will r	suant to 605,0207 not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on toord is filed.	he carlier of: (t	b) The 901	th day after the
Dated As of April 22 . 2021			
Dassell Tarner Signature of a member or authorized representative of a	member		
S. Russell Turner Jr., Manager			

Filing Fee: \$25.00