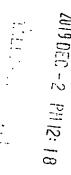
(Requestor's Name)
(Address)
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## **COVER LETTER**

Div	ision of Cor	porations		
SHRIECT.	DR Tumer	Property LLC		
OBJEC.1.		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Donald Turner		
			Name of Person	
			Firm/Company	
		3141 E Riverside Dr		
		Fort Myers, FL 33916	Address	
		zsheets@aol.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For turther i	nformation c	oncerning this matter, please ca	all:	
Donald Tun	ner		716 830-6000 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for tl	ne following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR Turner Property LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as It now appears on our records.) Liability Company)	
e Articles of Organization for this Limited Liability Compan	ny were filed on	and assigned
orida document number L06000082178		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
e new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	****	
rincipal office address MUST BE A STREET ADDRESS)		: <u>c</u>
methal office against most man strain and mass		- <u>-</u>
		. ~ ~
nter new mailing address, if applicable:		70
failing address MAY BE A POST OFFICE BOX)		. 2
	*****	<u></u> _
If amending the registered agent and/or registered gistered agent and/or the new registered office address he	_	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Tribut I for the for the man Can	
	, Florid	aZip Code
	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>	Type of Action
AMBR	Kaitlin Turner	1115 SE 21rst Terrace Cape Coral, FL 33990	■ Add
			Remove
	Donald Turner JR	3141 E Riverside Dr	☐ Change
AMBR		Fort Myers, FL 33916	Add
			□ Remove
			□ Change
<del></del>			Add
			Remove
			Change
			Remove
		<u> </u>	Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

II 4III	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
<u>Note</u>	tive date, if other than the date of filing:
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	November 26 2019 Duan De Mun
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00