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OCT 25 2016 S. YOUNG

-1	COVER LETTER	
TO: Registration Secti Division of Corpo		
SUBJECT:	Report Turnsty LLC Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	M.J. Burges, JR	
	Firm/Company	
	3914 HANDIA AUE	TAL SE
	Tort Mysis FL 33901 City/State and Zip Code	TO OCT 24 PH 4: 08
	E-mail address: (to be used for future annual report notification)	PH 4:
For further information cond	cerning this matter, please call:	08
JACK K Name of Po	at (239) 218-6108  Person Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

### 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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	11-10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		2 557
		न जिल्ल
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	<del> </del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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 **Title** Name <u>Address</u> **Type of Action** MARUN J. Burges JR 3914 Harold AVE Fort Myss, FL 33901 □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add 5 ☐ Chafige 🗆 Add ⋤ ☐ Remove ☐ Change □ Add ☐ Remove

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tive date, if other than fective date is listed, the date If the date inserted in the nent's effective date on the	is block does not me	et the applicable	te of filing or more th statutory filing req	(optional an 90 days after filing uirements, this dat	) g.) Pursuant to 605.0 e will not be listed
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cord specifies a dela e 90th day after the		te, but not ar	effective time	, at 12:01 a.m.	on the earlier
10/21		2014			
	Ma k	Zung	d representative of a		
	Signature of a no	miler or authorized	i representative of a	nember	

Page 3 of 3

Filing Fee: \$25.00