## L08000116249

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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JUN 1 2 2009

**EXAMINER** 

## **COVER LETTER**

Turn Key Property Adjusting LLC SUBJECT: \_ 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: Lorry Jackson Name of Person Turn Key Property Adjusting LLC Firm/Company 8765 Hideaway Harbor Ct. Address Naples, Florida 34120 City/State and Zip Code turnkeyadjusting@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 239 ) 398-8723

Area Code & Daytime Telephone Number 398-8723 Lorry Jackson Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations

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

. Turn Key Prope (Name of the Limited Liability Comp. (A Florida Limited	rty Adjusting L	LC rs on our records.)	<u></u>	
(A Florida Ellilled	Liaonity Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on	12/22/2008	and assig	ned
Florida document numberL08000116249				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	bility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation "LL	.C" or the ab	breviation
Enter new principal offices address, if applicable:	<del></del>	·	<u> </u>	<del></del>
(Principal office address MUST BE A STREET ADDRES			09	<u>≥</u>
	-			<u> </u>
			_	₽Ä.T
Enter new mailing address, if applicable:				280 1347
(Mailing address MAY BE A POST OFFICE BOX)			PH 12: 3	P08
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		,	ယ	±S
B. If amending the registered agent and/or registered office address he registered agent and/or the new registered office address he Name of New Registered Agent:		our records, <u>enter th</u>	e name of	the new
New Registered Office Address:				
	Er	Enter Florida street address		
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	t:			
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent as	iplete performance	of my duties, and I an	n familiar v	vith and

If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Address Title **Name** MGRM Quinton R. Herrin Jr. 9241 E. Steppes Ct. 📝 Add Inverness FI 34450 Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove □Add Remove MAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 7 2009 Dated \_\_\_\_ Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Lorry Jackson
Typed or printed name of signee