10900050318

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
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(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	>

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March 22, 2023

TURK, CARL K 161 N. MAIN STREET WILLISTON, FL 32696 US

SUBJECT: TURK IP LAW, LLC Ref. Number: L09000050318

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

We are enclosing the proper form(s) with instructions for your convenience.

MACHED

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.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 323A00006662

APR 0 6 2023

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp				
oun in	TURK IP L.	AW, LLC			
SORTE	CT:	Name of Linu	ted Liability Company		
		Amendment and fee(s) are subr			
Please re	eturn all correspor	ndence concerning this matter t	o the following:		
		CARL K. TURK			
			Name of Person		
		TURK IP LAW, LLC			
			Firm/Company		
		161 N. MAIN STREET			
			Address		,
		WILLISTON, FL 32696			
			City/State and Zip Code		
		CARL@TURKIPLAW.COM	of be used for future annual i	enast natificatio	n)
For furth	her information ed	oncerning this matter, please ca		cpart manie	,
SHARC	ON C. BRANNAS	S CPA		-6558	
	Name of	Person	at () Area Code	Daytime Tele	phone Number
\/		e following amount:			_
	.00 Filing Fee トロイ (AI)	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Ad	dress: tion Section	
	Division of C			non Section of Corpora	
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURK 1P (<u>Name of the Limited Liability Com</u> (A Florida Limited	LAW, LLC pany as it now appears on o d Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compar Florida document numberL09000050318	ny were filed on5/22/	nn9	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
DOCKET SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		SEC ACR	7073 APR -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHASSEI	6 I
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	ls, <u>enter the name of</u>	the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	vet 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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□ Add
			□Remove
			□Change
. 			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
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(If an effective Note: 1	te date, if other than the date of filing: (optional) (tive 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 605.0207 (3)(f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	4)3/23 (trule
	Signature of a member or authorized representative of a member
	Carl K, Turk Typed or printed name of signee