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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of C		•	.
	r services, llc		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CARL K. TURK		
		Name of Person	
	DOCKET SERVICES, LI	.c	
		Firm/Company	
	161 N. MAIN STREET		
		Address	· • • • • • • • • • • • • • • • • • • •
	WILLISTON, FL 32696		
	CADITOTIBUDIAWO	City/State and Zip Code	
	CARLT@TURKIPLAW.C	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
SHARON C. BRANN	AN CPA	352 528 - 6558	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCKET SERVICES, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 5/22/2009	and assigned
Florida document number 1.09000050318		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
TURK IP LAW, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	······································	······································
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		75
B. If amending the registered agent and/or registered office a	ddress on our records, enter th	e name of the new registere
gent and/or the new registered office address here:	,	,
		•
Name of New Registered Agent:		.;
Tallic Of New Neglistered Tigeth		א
New Registered Office Address:		
	Enter Florida street address	
<u></u>	Flor	
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
<u></u>			🗀 Add
			□Remove
			□Change
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			□Remove
			□Change

Page 2 of 3

F Co.	stive data if other than the date of filings
Note	etive date, if other than the date of filing:
	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.
Date	January 11 . 2024.
	I = I(A / I) I = I
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00