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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Tur	ner Lining Compa J Name of Lim	av LLC	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wayne A	Name of Person	
	_ Turner Li	ning Company, LL	<u>-C</u>
	2998 Ja	equeline Circle	
	DeLan	d, FL 32720 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	-0
Dorothy	Turner	at (<u>386)</u> <u>878</u> - Area Code Daytim	3268 5
Enclosed is a check for t	he following amount:		
S25.00 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)
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Cor	porations
P.O. Box 631	41	The Centre of T	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ANTIC	LL3 OI A	, , , , , , , , , , , , , , , , , , ,
	TO	·
ARTICL	ES OF OF	RGANIZATION 😘 🦠
	OF	
		्रा १५ - १५ - १५ - १५ - १५ - १५ - १५ - १५ -
—	0	
(Name of the Limited Ex	ability Company	As it now appears on our records.)
(A F)	orida Limited Lia	bility Company)
Articles of Organization for this Limited Liabilit	ty Company w	RGANIZATION LLC As it now appears on our records.) ability Company) Fore filed on
rida document number <u>L 090001084</u>	EUH.	
is amendment is submitted to amend the following	4 :	
If amending name, enter the new name of the	<u>limited_liabili</u>	ty company here:
Turner Plastice Come	ultina 1	سلط .
new name must be distinguishable and contain the words	Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		Same
incipal office address MUST BE A STREET AL	DDRESS)	
ter new mailing address, if applicable:		Same
*	.	
<u>ailing address MAY BE A POST OFFICE BOX</u>		
		-1/-
If amending the registered agent and/or regist	ered office ad-	dress on our records, enter the name of the new register
	<u>re</u> :	
ent and/or the new registered office address her	<u>re</u> :	
ent and/or the new registered office address he	_	
	Same	
ent and/or the new registered office address he	_	
ent and/or the new registered office address here Name of New Registered Agent:	Same	Enter Florida street address
ent and/or the new registered office address here Name of New Registered Agent:	Same	Enter Florida street address Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

AMBR = Authorized Member

No change

Title	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			Change
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ian eff Note:	ve date, if other than the date of filing:
l is til	
Dated .	October 16th 1020
	October 16th . 1010. Wayne Signature of a member or authorized representative of a member Wayne A. Turner Typed or printed name of signee
	Angulature of a memoer of authorized representative of a memoer
	<i>Q</i>