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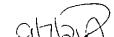
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:	Registration Division of C	Section Proporations					
CUDIE	Turner P	Plastics Consulting, LLC					
SUBJEC	تا:	· Name of Lim	ited Liability Company				
The encl	osed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please re	num all corre	spondence concerning this matter	to the following:				
		Wayne Turner					
			Name of Person				
		Turner Plastics Consulting	, LLC				
		Firm/Company					
		2998 Jacqueline Circle					
			Address				
		DeLand, Florida 32720					
		City/State and Zip Code					
		twmarket11@gmail.com	to be used for future annual report not	ification)			
For furth	er informatio	n concerning this matter, please ca	-	meation)			
Wayne T	Furner		386 804-1898				
	Nam	e of Person	at () Area Code Daytin	ne Telephone Number			
Enclosed	l is a check fo	r 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)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 11-10-2009	and assigned	
Florida document number L09000108409			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Turner Lining Company, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:	2998 Jacqueline Circle		
(Principal office address MUST BE A STREET ADDRESS)	DeLand, Florida 32720		
	7008 1 12 - 62 - 1		
Enter new mailing address, if applicable:	2998 Jacqueline Circle		
Mailing address MAY BE A POST OFFICE BOX)	DeLand. Florida 32720		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the new regi	
Name of New Registered Agent:			
New Registered Office Address:		?: :	
	Enter Florida street address	1.7	
	, Florida	<u>.</u> ,	
	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
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			□Remove
			□Change
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ective date, if other than the effective date is listed, the date mus	date of filing:	be prior to date of fi	ling or more than 90 d	_ (optional) avs after filing) Pursuar	vi io 605 0202
te: If the date inserted in this blo	ock does not meet the	e applicable statut	ory filing requireme	nts, this date will not	be listed as
ument's effective date on the Do	partificit of State's i	records.			
cord specifies a delayed effective	e date. but not an eff.	erive time at 12:	N a m. an the earlis	or of: (b) The OOth d	na nitae tha
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Wayne A. Turner	Signature of a member	or authorized repre	semanive of a member		