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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor		•		
SUBJE	СТ:	The Tu	rn Crew, LLC		
		Name of Limit	ed Liability Company		
	•				
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		W. Just	in Cottrell, Attorney at L	aw	
			Name of Person		
			Firm/Company		
		80	9 Walkerbilt Rd, Ste 6		
			Address		
			Naples, FL 34110		
			City/State and Zip Code,		
		E-mail address: (to	ustin@wjc-law.com o be used for future annual report n	otification)	
For furt	her information c	oncerning this matter, please ca	all:	·	
	David	A. Puskaric, Jr	at (_888_)	821-2470	
	Name o	f Person	Area Code & Day	time Telephone Number	
Enclose	ed is a check for the	ne following amount:			
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status Sed) Certified Copy (additional copy is e	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	Or	10 JUN -1	PM o =
•		Same	Lu 5: 01
T	he Turn Crew, LLC	TELLAIMON	OF STATE
(<u>Name of the Limited Lia</u> (A Flo	ne Turn Crew, LLC bility Company as it now appearida Limited Liability Company)	rs on our records: 1000	也,由LORIDA,
The Articles of Organization for this Limited Liabil	ity Company were filed on	March 10, 2010	and assigned
Florida document number L1000002659	6		
	 ;		
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company he	re:	
in an ending mane, enter the new mane of the	inition and the company no	<u> </u>	
The new name must be distinguishable and end with th 'L.L.C."	e words "Limited Liability Comp	any," the designation "Ll	LC" or the abbreviation
E.E.C.			/
Enter new principal offices address, if applicable	2:		
Principal office address MUST BE A STREET A	DDRESS)		
	<u> </u>		
			
Enter new mailing address, if applicable:		/	
Mailing address MAY BE A POST OFFICE BO.	<u>X)</u> /	<u> </u>	
			
B. If amending the registered agent and/or	egistered office address on	our records, enter th	e name of the new
registered agent and/or the new registered office		,	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	E	nter Florida street addr	ess
		, Florida	
_	Ćity	, Fibrida	Zip Code
N. D. J.A. J.A. Of Ch. J. Market Burk	/ *		
New Registered Agent's Signature, if changing Regi	stered Agent:		amenden . ·
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance ed agent as provided for in C istered office address, I hereb inge.	e of my duties, and I a Chapter 608, F.S. Or, i By confirm that the lim	m familiar with and f this document is ited liability
	If Changing Registered Ag	ent, Signature of New Reg	istered Agent
	**		

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mai MGRM = M	nager Ianaging Member		
Title .	<u>Name</u>	Address	Type of Action
MGR '	Master Painting	1306 Vine Street West Newton, PA 15089	Add✓ Remove
MGR	Janet Merk	310 Grant Street, Ste 1801 Pittsburgh, Pa 15219	☐ Add ☑ Remove
MGRM	All Inclusive Management, Inc	809 Walkerbilt Rd, Ste6 Naples, FL 34110	Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	cessary.)
			FILED 10 JUN -1 PH 583 KLIANY OF STANLANIASSEE, EI
Dated	May 28 ,	010	PH 2: 01 OH STATE SHELORIDA
	Signature of a membe W. Justin Typec	or or authorized representative of a member Outtrell or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00