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## **COVER LETTER**

TO: Registration Section Division of Corporation		4	
SUBJECT: De518	Name of Limit	DIANA TURK ( ted Liability Company	LC_
The enclosed Articles of Amenda	nent and fee(s) are subr	nitted for filing.	
Please return all correspondence of	concerning this matter t	to the following:	
	DIANA	Name of Person	
		Firm/Company	
	12301	Lake Underhic	chd. Stet 213
	Orlonde	City/State and Zip Code  City/State and Zip Code	28 Signs, COM
For further information concerning			<b>.</b>
DIANA J T Name of Person	unk	at (321) 271 - Area Code Daysin	967/ ne Telephone Number
Enclosed is a check for the follow			F
	30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Deslens by Dlana	Junk	UC	<u></u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appeau Jability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1100004307</u> ]		11/-1-	i and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabi	10C		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA		, P2
(Principal office address MUST BE A STREET ADDRESS)			200 B T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NA		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Fl	orida street address	
		, Floric	
	City		Zip Code
Nam Decistored Agent's Signature if changing Registered Agent	:		

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
			П <b>е</b> точе
			☐ Change
			□Add
			Remove
			□Add
			□Remove
			[]Change
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			□Add
			□Remove
			Change
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			□Remove
			☐ Change

A)	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-4-4-	
_	
_	
an effection	re date, if other than the date of filing: 12/30/2019 (optional) exive 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 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
record d 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
Dated _	Hann Hall
	Signature of a member or authorized representative of a member
	DIANA & Turk, Heyber

Filing Foo: \$25.06