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#### **COVER LETTER**

	Registration Sec Division of Corp				
oun in a		LDERS, LLC			
SUBJEC	Т:	Name of Limi	ted Liability Company		
The enclo	sed Articles of .	Amendment and fee(s) are subt	nitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Candy Brownlow			
			Name of Person		
		John P. Maas, P.A.			
			Firm/Company	<del></del>	
	44 NE 16 Street				
			Address		
		Homestead, FL 33030			
			City/State and Zip Code		
		james@turkbuilders.com		<del></del>	
			to be used for future annual report notificat	ion)	* 1
For furthe	er information e	oncerning this matter, please co	all:		
Candy B	rownlow		305 247-7132 at ()		
	Name o	f Person	Area Code Daytime Te	lephone Number	
Enclosed	is a check for th	he following amount:			3 - 40
<b>■ \$25.0</b>	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	re. tatus &

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 OF

## TURK BUILDERS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 3, 2013 and assigned Florida document number 1.13000171427 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: James A. Easom Name of New Registered Agent: 13080 S.W. 248th Street, Suite 12 New Registered Office Address: Enter Florida street address

#### 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.

City

Homestead

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>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Peebles, Thomas	26805 S.W. 155th Avenue Homestead, FL 33032	
			<b>≅</b> Remove
			Change
MGRM	Easom, James A.	16265 S.W. 248th Street Homestead, FL 33031	Add
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			☐ Change
	<del></del>		Add
			□ Remove
			Change
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Note:	If the date insert	ed in this block d	loes not meet	the applicabl	e statutory filii	ng requiremen	ts, this date will	not be listed as
docume	ent's effective di	ate on the Depart	ment of State	s records.				
he rec	ord specifies 90th day aft	a delayed eff er the record	ective date	e, but not a	in effective	time, at 12	:01 a.m. on	the earlier o
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Dated _	April	941	: - · — -	2020				
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Typed or printed name of signee

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