

LH 0000 20557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

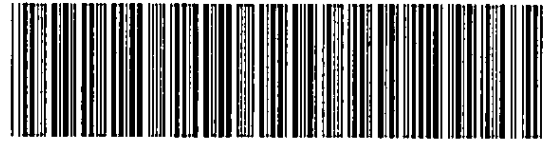
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J. HORNE

DEC - 2 2021

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400376345874

11/09/21--01008--022 \*\*25.00

FILED

2021 NOV - 9 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

11-1-21

Enclosed is paperwork and check for \$25<sup>00</sup>  
to process a name change for an LLC  
my husband established in 2015. He  
passed away in June and I would  
like to be named as the agent for:  
Turrell Family LLC

Thank you,

Cindy Turrell

908-361-9457

8566 SE North Passage Way  
Tequesta, FL 33469

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turrell Family LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia M. Turrell  
Name of Person

Firm/Company

8566 SE North Passage Way  
Address

Teguesta FL 33469  
City/State and Zip Code

cindy.m.turrell@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia M. Turrell at (908) 361 9457  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2021 NOV -9 AM 10: 25

Turrell Family LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 2/5/14 and assigned  
Florida document number L14000020557.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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**)

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:**

Name of New Registered Agent:

Cynthia M. Turrell

New Registered Office Address:

8566 SE North Passage Way

Enter Florida street address

Tegucosta

City

Florida

33469

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.

Cynthia M. Turrell

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Cynthia M. Turrell	8566 SE North Passage Way Teguesto FL 33469	Add <input checked="" type="checkbox"/>
			Remove <input type="checkbox"/>
			Change <input type="checkbox"/>
Mgr	Richard H. Turrell Jr.	8566 SE North Passage Way Teguesto, FL 33469	Add <input checked="" type="checkbox"/>
			Remove <input checked="" type="checkbox"/>
			Change <input type="checkbox"/>
			Add <input type="checkbox"/>
			Remove <input type="checkbox"/>
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			Remove <input type="checkbox"/>
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			Remove <input type="checkbox"/>
			Change <input type="checkbox"/>

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated 11-5 2021

Cynthia M. Turnell  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cynthia M Turner

Typed or printed name of signee

**Filing Fee: \$25.00**

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021105598

DATE ISSUED: JUNE 8, 2021

## DECEDENT INFORMATION

DATE FILED: JUNE 7, 2021

NAME: RICHARD H TURRELL JR

DATE OF DEATH: JUNE 3, 2021

SEX: MALE

SSN: 120-38-8213

AGE: 061 YEARS

DATE OF BIRTH: FEBRUARY 5, 1960

BIRTHPLACE: KINGSTON, PENNSYLVANIA, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: 1000 SE RUHNKE STREET

LOCATION OF DEATH: STUART, MARTIN COUNTY, 34994

RESIDENCE: 8566 SE NORTH PASSAGE WAY, TEQUESTA, FLORIDA 33469, UNITED STATES COUNTY: MARTIN

OCCUPATION, INDUSTRY: MECHANIC, AUTOMOTIVE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: CYNTHIA M HORAN

FATHER'S/PARENT'S NAME: RICHARD H TURELL

MOTHER'S/PARENT'S NAME: SALLY WOLFE

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CYNTHIA TURRELL

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 8566 SE NORTH PASSAGE WAY, TEQUESTA, FLORIDA 33469, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: CAROL TAYLOR BLOCK, F061193

FUNERAL FACILITY: TAYLOR &amp; MODEEN FUNERAL HOME F041061

250 CENTER ST, JUPITER, FLORIDA 33458

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: OAK HAMMOCK CREMATORY

INDIANTOWN, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0015

DATE CERTIFIED: JUNE 4, 2021

CERTIFIER'S NAME: ANSON J BUTTLES

CERTIFIER'S LICENSE NUMBER: ME21235

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): ANSON J BUTTLES MD

## CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. METASTATIC LUNG CANCER

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED