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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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B. BOSTICK APR 18 2014 EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJ	Jeremy Turner UC Name of Limited Liability Company
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Jeremy Turner Jeremy Turner UC Erm/Company
	5451 Lee St. Unit 1
	Lehigh Acres FL 33971 City/State and Zip Code JT1739 @ live . Com E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
_	Trisha Turner at (234) 645. 6719 Name of Person Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
□ \$	25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy

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

99 . = -1	Turner UC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $3/3/3014$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
NA		_
The new name must be distinguishable and end with the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/H	_
(Principal office address MUST BE A STREET ADDRESS)	- Fals	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 201	_
	1 <u>1</u>	_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	, Florida	_

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

M Managar

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member **Type of Action** Address Name | Mark Johnson ☐ Remove □-Add ☐ Remove □ Add ☐ Remove ☐ Remove □ Add □ Remove

O. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective (The effect the date to	e date, if other than the date of filing:
Dated _	April 3, 2014.
	Joseph D
	Signature of a member authorized representative of a member
	Jeremy IMPH

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Filing Fee: \$25.00