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Division of Co		· ·	9 19
SUBJECT: Tu	RKEY POND Name of Lim	LL C.	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Ay [	ETHERIN LIE  Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	8211 LAUR	Address	<del></del>
	TLH, FI.	32317 City/State and Zip Code	
	STAJAY E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	
JAY E.	THERIDGIS of Person	at (850) 363.  Area Code Daytime	5709 Telephone Number
Enclosed is a check for t	he following amount:	·	•
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

# 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

TURKET PODU L (Name of the Limited Liability Comp (A Florida Limited	LC	
(Name of the Limited Liability Com) (A Florida Limited	pany as it now appears on our real Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan	ny were filed on OS.ON	1. 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
TURKEY POND FARM The new name must be distinguishable and contain the words "Limited Lia"	LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the appreviation "L.L.C."
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		cords, enter the name of the new
registered agent and/or the new registered office address he	EIC.	
Niger of Niger Designated Assets		•
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street	
·	Enter rioriaa street (	aaaress
	C:	, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duti as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Regis

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 = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
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n effective date is lis	ther than the date of sted, the date must be speci	ific and cannot be prior	r to date of filing or mo	op ore than 90 days aft	er filing.) Pursuan	t to 605.020
te: If the date ins	serted in this block does e date on the Departmer	s not meet the applicant of State's records	cable statutory filing	requirements, th	nis date will not	be listed a
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Filing Fee: \$25.00