L15000174926

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL.
(Busin	ess Entity Nam	ne)
(Доси	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	





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RELEWIN

2021 JUN 16 AM 11: 12

FLORIDA DEPARTMENT OF STATE:

June 7, 2021

APRIL WOOD PO BOX 1427 THOMASVILLE, GA 31799

SUBJECT: TURNER FURNITURE OF DANVILLE, LLC

Ref. Number: L15000174926

We have received your document for TURNER FURNITURE OF DANVILLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SUBMITTED DUPLICATE FILING OF THIS NAME CHANGE AND ASLO ON WRONG FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 921A00012304

www.sunbiz.org

COVER LETTER

	istration Sec sion of Corp				
	Turner Furn	iture of Danville, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		April Wood			
			Name of Person		
		1915 South Co.			
			Firm/Company		
		P.O. Box 1427			
			Address		
		Thomasville, GA 31799			
•			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		awood@1915South.com			
			to be used for future annual re	eport notification)	
For further in	nformation co	oncerning this matter, please of	all:		
Nancy M. V	/allace		850 224 at ()	-9634 	
	Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed is	e check for th	ne following amount:			
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	iling Addres gistration S vision of C D. Box 632 Ilahassee, I	Section Corporations 7	Division The Cen	dress: tion Section t of Corporatio tre of Tallahas Monroe Street	ssee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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If Changing Registered Agent, Signature of New Registered Agent

Turner Furniture of Danville, 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 and assigned and assigned
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
1915 South of Danville, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City 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.

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>	Name	Address 2121 JUL 16 PH 5: 15	Type of Action
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	(10)
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Effective date, if other than the date	e of filing:
	loes not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Departm	ment of State's records.
e record specifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
Dated As of April 22	2021
	·
Dough Town	.
Signa	ture of a member or authorized representative of a member
S. Russell Turner Jr., Manage	
	Typed or printed name of signee

Filing Fee: \$25.00