

L15 000 174926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

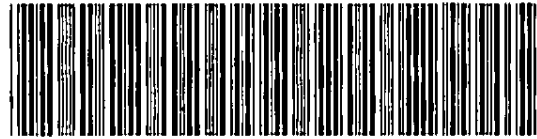
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/21--01015--001 **1470.00

06/17/21--01003--002 **210.00

2021 JUN 16 PM 5:15

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JUN 21 2021



RECEIVED

2021 JUN 16 AM 11:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turner Furniture of Danville, 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:

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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy M. Wallace

850

224-9634

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>		<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 As of April 22, 2021

Russell Turner

Signature of a member or authorized representative of a member

S. Russell Turner Jr., Manager

Typed or printed name of signee

Filing Fee: \$25.00