

L16000034792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

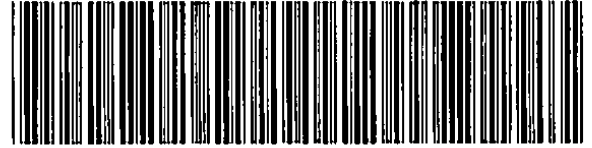
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330192438

06/10/19--01015--003 **P.C.

LLC
Amd.
DC

6-22-19

RECEIVED
DIVISION OF CORPORATIONS
19 JUN 10 AM 8:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TURTLE SPEED PROPERTIES 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:

BRENDA CHAMBERS

Name of Person

CHAMBERS & ASSOCIATES

Firm/Company

603 N. FERDON BLVD.

Address

CRESTVIEW, FL 32536

City/State and Zip Code

BRENDA@CA-CRESTVIEW.COM

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

For further information concerning this matter, please call:

BRENDA CHAMBERS

850

398-8088

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TURTLE SPEED PROPERTIES, LLC

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

19 JUN 10 AM 8:00
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 02/18/2016 and assigned
Florida document number L16000034792.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

789 N. FERDON BLVD.

CRESTVIEW, FL 32536

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

789 N. FERDON BLVD.

CRESTVIEW, FL 32536

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:

COLLEEN KELLY RAMIREZ

New Registered Office Address:

789 N. FERDON BLVD.

Enter Florida street address

CRESTVIEW

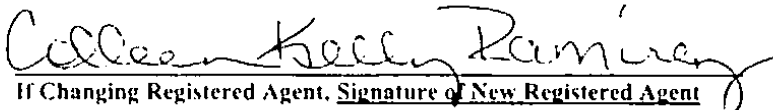
City

, Florida 32536

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	JOSE AVINA-RAMIREZ	789 N. FERDON BLVD.	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CRISTOBAL GONZALEZ	789 N. FERDON BLVD.	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ROBERT WARREN PRICE	6269 EQUINE DRIVE	<input type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	COLLEN RAMIREZ	506 PHEASANT TRAIL	<input type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	COLLEN KELLY RAMIREZ	789 N. FERDON BLVD.	<input checked="" type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee