

L18 6000068375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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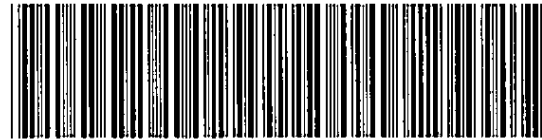
(Business Entity Name)

(Document Number)

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2021 MAR 30 PM 3:59  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

TQ

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WARASA PROPERTIES, INC.

\_\_\_\_\_  
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:

STEVEN TURNER

\_\_\_\_\_  
Name of Person

WARASA PROPERTIES, LLC

\_\_\_\_\_  
Firm/Company

232 S COURTENAY PKWY

\_\_\_\_\_  
Address

MERRITT ISLAND, FL 32952

\_\_\_\_\_  
City/State and Zip Code

ADMIN@TURNERFLORIDAINS.COM

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

For further information concerning this matter, please call:

WILLIAM TURNER

321 3212668799  
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

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

WARASA PROPERTIES, 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 01/27/2021 and assigned  
Florida document number L16000068375.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WARASA PROPERTIES, 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)

232 S COURTENAY PKWY

MERRITT ISLAND, FL 32952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

STEVEN ALEX TURNER

New Registered Office Address:

232 S COURTENAY PKWY

*Enter Florida street address*

MERRITT ISLAND

City

Florida 32952

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.*

*Steve Turner*

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	STEVEN ALEX TURNER <i>mgr</i>	232 S COURTENAY PKWY	<input checked="" type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	ROBERT A TURNER <i>mgr</i>	232 S COURTENAY PKWY	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	WILLIAM A TURNER <i>mgr</i>	232 S COURTENAY PKWY	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WILLIAM ANDREW TURNER AND ROBERT ADAM TURNER ARE TO BE REMOVED.

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E. Effective date, if other than the date of filing: 03/23/2021 (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 MARCH 23 2021

*Steve Turner*

Signature of a member or authorized representative of a member

STEVEN A TURNER

*Manager*

Typed or printed name of signee