## 116000197827

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Turner's Extreme Siding 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:
Ronald Lee Turner Name of Person
Turnes's Extreme Siding LLC Firm/Company
4/136 McVickors lane
Pace FL 32571 City/State and Zip Code
Chip Turner @ Ymail. Com E-mol address: (to be used for litture annual report notification)
For further information concerning this matter, please call:
Ronald Turner at (850) 761-4546 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>16000197827</u> .	were filed on Oct 36, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	22 <u>22 22 22 22 22 22 22 22 22 22 22 22 </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	A
registered agent and/or the new registered office address her	
Name of New Registered Agent: Ron	ald Lee Turner 6 Mcvichers Lane
New Registered Office Address: 4/3	6 MeVichers Lane Enter Florida street address
Pac	City Slorida 3257 / 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

**Type of Action** Title Name **Address** AMBR Michael S Foster 5555 Booker St Milton FL 32570 Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove 2015 \_□ Change Remove ☐ Change

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Filing Fee: \$25.00