

L17 0000 31222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2020 SEP -1 AM 11:25

FILED

SEP 01 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2020

JONATHAN TURNER
JON C TURNER
1915 LAKEMONT AVENUE UNIT 416
ORLANDO, FL 32814

SUBJECT: JON C. TURNER LLC
Ref. Number: L17000031222

We have received your document for JON C. TURNER LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 420A00015835

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JON C TURNER, 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:

Jonathan Turner

Name of Person

JON C. TURNER, LLC

Firm/Company

1915 LAKEMONT AVE UNIT 416

Address

Orlando, FL 32814

City, State and Zip Code

jon.turner01@gmail.com

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

For further information concerning this matter, please call:

Jonathan Turner

402

208-8082

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 32305

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

JON C. TURNER, LLC

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

2008 SEP -1 AM 11:25

The Articles of Organization for this Limited Liability Company were filed on February 8, 2007 and assigned
Florida document number 117000031222.

This amendment is submitted to amend the following:

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

MYRIAD CONSULTANTS LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1915 Lakemont Ave, Unit 416

Orlando, FL 32814

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1915 Lakemont Ave, Unit 416

Orlando, FL 32814

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:

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 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

[illegible]

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

[illegible]

F. 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.

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

Dated SEPTEMBER | 5th . 2020

Signature of a member or authorized representative of a member:

Jonathan Turner

Typed or printed name of signee