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COVER LETTER

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SUBJECT		S TURN, LLC					
SOBJECT	·	Name of Limited Liability Company					
		Amendment and fee(s) are sub- ndence concerning this matter					
		Mercedes M. Sellek, Esq.					
		-	Name of Person				
		Maspons Sellek Jacobs, LI	LP				
			Firm/Company				
		2333 Ponce de Leon Boule	evard, Suite 314				
			Address				
		Coral Gables, Florida 3313	34				
			City/State and Zip Code				
		msj@msjcorpserv.com F-mail address: (to be used for future annual report notifier	ntian)			
For further	r information c	oncerning this matter, please ca		ii.v.ii)			
Zaida P. I	lernandez		786 539-1433 at ()				
	Name o	f Person	Area Code Daytime T	elephone Number			
Enclosed i	s a check for th	ne 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

BON BON'S TURN, LLC	
(<u>Name of the Limited Lial</u> (A Flor	hility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L17000062328</u>	y Company were filed on March 17, 2017 and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	0 1
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation (ELC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS) () () () () () () () () ()
Enter new mailing address, if applicable:	- Topic of the state of the sta
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VANFLEET, BONNIE W	145 BLUE HERON DRIVE	□ Add
		EATONTON, GA 31024	■ Remove
			Change
			□ Add
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			□ Remove
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If amending any other informa	tion, enter char	ige(s) here: <i>(.</i>	lttach additional s	theets, if necessa	ry.)	
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			V - 2			
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the E	date of tiling: _ st be specific and ca ock does not mee	t the applicable	te of filing or more the statutory filing requ	(optiona an 90 days after filir airements, this da	ig.) Pursuant to 605,0207	(3) the
e record specifies a delaye The 90th day after the rec		e, but not ar	effective time,	at 12:01 a.m	. on the earli e r of	:
Dated		2017				
11/		7 2.ml.	•			
- MILLE	Signapare of a mer	nber or authorized	I representative of a n	nember		
V / V. 6.11.2. 5						
Mercedes M. Sellek, E.	\	ped or printed na	me of signee	-		

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Filing Fee: \$25.00