L1700012613

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	08/28/1701035033 -+033 ••25.66
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S. WARREN JUN 2 7 2017

COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	Turtle Bay C	onsulting LLC		
NODALET.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		£ora Bull		
			Name of Person	
		Turtle Bay Consulting LLC		
			Firm Company	
			r inn Company	
		530 South Heathwood Driv	ie.	
			Address	
		Marco Island, FL 34145		
			City State and Zip Code	
		lorabull@yahoo.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	formation co	ncerning this matter, please ca	dl:	
Lora Bull			847 363-0579	
	Name of	Person	at () Area Code Daytime	Telephone Number
			·	•
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO.

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 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 Bay Consulting LLC		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appeared a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L17000126792</u>	Company were filed on Jun	e 9, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	r <u>e</u> :
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Negation Office Address.	Enter Flort	da street address
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of i agent as provided for in C red office address, I hereb	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Lora Bull		
		530 South Heathwood Drive, Marce Island	
			Change
AMBR	Lora Bull	530 South Heathwood Drive, Marc e - 73/22	FL 34145
			Remove
			Change
			🗖 Add
			□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			o
			ြောင်emove ယ ပြောhange

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Affective date, if other than the defeative date is listed, the date must be Note: If the date inserted in this blocklocument's effective date on the Dep	ate of filing:	(optional) nore than 90 days after filing.) Pursuant to 605 g requirements, this date will not be liste
e record specifies a delayed of The 90th day after the recor	effective date, but not an effective t d is filed.	time, at 12:01 a.m. on the earlie
June 21	2017	
	$\overline{}$	
<u>Jous</u>	Bulling of a member or authorized correspondence	of a member
<u>s</u>	gnature of a member or authorized representative	17,
, , , =	ignature of a member or authorized representative Typed or printed name of signee	TOTA member 17 JUN 26 PM

Filing Fee: \$25.00