

L18000149272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

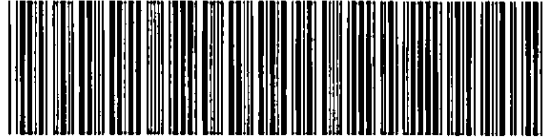
(Business Entity Name)

(Document Number)

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10/29/21
T.A.S.
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TALLAHASSEE, FLORIDA
2021 OCT 18 AM 8:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turn Helpers 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:

Patrick Martin

Name of Person

Turn Helpers LLC

Firm/Company

5448 E. Michigan St.

Address

Orlando, FL 32812

City/State and Zip Code

turnhelpers@gmail.com

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

For further information concerning this matter, please call:

Patrick Martin 407 4077177720

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2021 OCT 16 AM 8:52
RECEIVED
TALLAHASSEE FL 32303

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

Turn Helpers 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 6/18/2018 and assigned
Florida document number 1.18000149272

This amendment is submitted to amend the following:

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

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)

5448 E. Michigan St.

Orlando, FL 32812

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 568294

Orlando, FL 32856

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:

Patrick Martin

New Registered Office Address:

5448 E. Michigan St.

Enter Florida street address

Orlando

Florida 32812

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>	<u>Type of Action</u>
AMBR	Maria Colmenares	5448 E. Michigan St.	<input type="checkbox"/> Add
		Orlando, FL 32812	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Patrick Martin	5448 E. Michigan St.	<input type="checkbox"/> Add
		Orlando, FL 32812	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

REC'D
21 OCT 18
10:01 AM
FBI
MILWAUKEE
COMMUNICATIONS SECTION

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

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CLERK OF SUPERIOR COURT
JULIA S. B. 10900

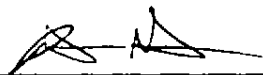
F. Effective date, if other than the date of filing: _____ (optional)

(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.

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 October 14 2021



Signature of a member or authorized representative of a member

Patrick Martin

Typed or printed name of signee