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COVER LETTER

TO: **Registration Section Division of Corporations**

Turn Helpers

SUBJECT:

,

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. Unit	#8			
	·	Address			
	Orlando, FL 32812				
		City/State and Zip Code			
	turnhelpers@gmail.com			20	
	E-mail address: (to be used for future annual report notifi	ication)	21 DE	
For further information c	concerning this matter, please c	all:		2021 DEC -2 PH	
Patrick Martin		407 717-7720		· · · ?	يت 1
Name o	of Person	at () Area Code Daytime	Telephone Number		ه⊷. تحت
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
<u>Mailing Addres</u> Registration S Division of C P.O. Box 632	Section Corporations	<u>Street Address:</u> Registration Sec Division of Corp The Centre of Ta	oorations		
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 81	10	

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turn Helpers LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>_</u>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	·····	· · · ·	202	
New Registered Office Address:			020	1
	Enter Florida street address	-	T N	
	. Florida	10	- - 0	• a • #
	City	, ⊥ Zip	Code 	"
New Registered Agent's Signature, if changing Registered Agent:		 	:· 0	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Maria Colmenares Power		🗆 Add
			🗆 Remove
			Change
		<u> </u>	🗆 Add
			🗆 Remove
		<u></u>	□Change
			🗆 Add
			🗆 Remove
			□Remove
			⊂ — □Change
			🗆 Add
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	an the date of filing:			(optional)	

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.

•

November 22	2021
Dated	·
	× A
	Signature of a member or authorized representative of a member
Patrick Martin	

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Typed or printed name of signee