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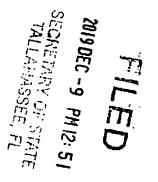
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O SIMMONS JAN 11 2020

COVER LETTER

Turnepi					
SUBJECT:	Name of Lin	nited Liability Company	_		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
		_			
	Sergio Leets				
	 	Name of Person			
	Turnepi				
Division of Corporations Turnepi Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filling. Icase return all correspondence concerning this matter to the following: Sergio Leets Name of Person Turnepi Firm/Company 2000 Ponce De Leon Blvd Suite: 629 Address Coral Gables . FL 33134 City/Nata and Zip Code SergioLeets@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Sergio Leets Name of Person Area Code Daytime Telephone Number \$ \$50.00 Filling Fee Certificate of Status Certificat Copy (additional copy is enclosed) Mailling Address: Street Address:					
	Division of Corporations Turnepi T: Name of Limited Liability Company Name of Limited Liability Company				
		Address			
	Coral Gables , FL 33134	4			
		City/State and Zip Code	·		
English of information			olification)		
	oncerning this matter, please c				
		at ()			
Name o	t Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Registration 5	Section	Registration S			
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee		
Tallahassee, l			oe Street, Suite 810		

Tallahassee, FL 32303

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

Turnepi		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa- Florida document number <u>L19000139073</u> .	any were filed on 05/23/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here;	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		2019 DEC -9 SECRETAR TALLAHA
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
 If amending the registered agent and/or registered office and/or the new registered office address here: 	ce address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	3
	, F108108	Zip Code

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>	Address	Type of Action
MGR	Jonathan Margarini	15077 S.W. 103rd Terrace #8206 Mia , FL 33196	_ 🗆 Add
			_ ≣ Remove
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	pecifies a dela day after the			ot an effect	ive time, al	: 12:01 a.r	n. on the ea	rlier of:
Dated	nber 22nd		2019		•			
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		Signature or a	i member or avi	horized represer	vative of a men	ioei		

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Filing Fee: \$25.00