## L19000143434

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Cartificat Carties
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700365633397

05/05/21--01020--016 \*\*25.00

2021 1/4Y - 5 PM 3: 09

## **COVER LETTER**

TO: Registration S Division of Co			
Turner Ti SUBJECT:			e
SUBJECT:		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shannon Turner		
		Name of Person	
	Turner Tile, LLC		
		Firm/Company	<del></del>
	980 Limestone Road		
		Address	
	Monticello, FL 32344		
		City/State and Zip Code	-
	lucas.turner@turnertilellc.c	om	
	E-mail address:	to be used for future annual report not	ification)
For further information	concerning this matter, please of	all:	
Shannon Turner		850 838-6035	
Name	of Person		ne Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	
Registration Division of (		Registration Se Division of Co	
P.O. Box 63:	•	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turner Tile, LLC		ands)
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	ed Liability Company)	corus.)
The Articles of Organization for this Limited Liability Comparison document number $\frac{L19000143434}{L19000143434}$ .	nny were filed on May 25, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability 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	)	7
		<u> </u>
		1 3: 09
Enter new mailing address, if applicable:		700 <b>9</b>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		· .
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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 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
AMBR	Zachary T. Cannon	980 Limestone Rd., Monticello, FL 32344	□Add
			Remove
			□Change
		<del></del>	□Add
		<del>ा</del>	□Change
			281 ————————————————————————————————————
		· •	O Bamana
		<u> </u>	D Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

·- · · · · · · · · · · · · · · · · · ·			<del></del>	
	<del>-</del>			
<u> </u>		<del></del> .	<del></del> _	23
	<u> </u>			) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				2
			<u>.</u>	6
,				<u>P</u> .
				<u>ယ</u> ့
			AUR.	09
			· · · · · · · · · · · · · · · · · · ·	
<u></u>				
fective date, if other than t	the date of filing: May 3, must be specific and cannot be prior to date	2021 (0)	otional)	
in effective date is listed, the date to be: If the date inserted in this	must be specific and cannot be prior to date s block does not meet the applicable st.	of filing or more than 90 days a atutory filing requirements.	fter filing.) Pur this date will	suant to 605.020 not be listed a
cument's effective date on the	Department of State's records.			
ecord specifies a delayed effect is filed.	ctive date, but not an effective time, at	12:01 a.m. on the earlier of	(b) The 90	th day after the
	2021			
May 3				
ated May 3		•		
ated May 3	Signature of a member or authorized re			

Filing Fee: \$25.00