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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to I	Filing Officer:	
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COVER LETTER

Div	ision of Corp	orations			
endiect.	Turner Cons	struction Solutions LLC			
SUBJECT:		Name of Limit	ed Liability Company		·
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Scott Turner			
		Turner Construction Solution	Name of Person		<u> </u>
		3351 Furlong way	Firm/Company		
		Gotha FI 34734	Address	<u>.</u>	
		Scottturnerfl1983@gmail.com	City/State and Zip Code		
			be used for future annual i	report notification	1)
For further in	iformation cor	ncerning this matter, please cal	l:		
Scott turner	•		407 453 at ()	30682	
	Name of l	Person	Area Code	Daytime Telep	thone Number
Englosed is a	check for the	following amount:			
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$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, FL 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

Turner Construction Solutions 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 07/18/2019 and assigned Florida document number L19000185246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address ___. Florida __

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.

City

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>	Type of Action
MGR	Scott Turner	3351 furlong way Gotha FI 34734	⊒ Add
			☐ Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	be specific and cannot be pock does not meet the ap	plicable statutor	ig or more than 90 day		
e record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	not an effect	tive time, at 12	:01 a.m. on the ea	rlier of:
	2019				
Dated					
BAUG Dated					
DatedS	Signature of a member or a	authorized represen	ntative of a member		

Page 3 of 3

Filing Fee: \$25.00