

h20 000008062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

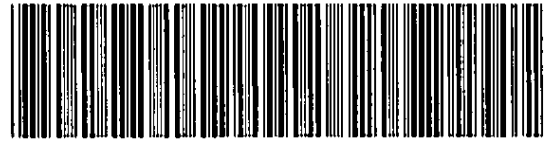
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

#25.00

Office Use Only



500364895375

RECEIVED

APR 30 2021

05/03/21--01006--024 **43.75

2021 JUN 24 AM 11:56

FILED

Nancy
Chs

JUL 02 2021

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Turning Point Wellness Services, 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:

Gail U. Pentz

Name of Person

Coffee with Gail, LLC

Firm/Company

6060 Wilkinson Road #107

Address

Sarasota, FL 34233

City/State and Zip Code

admin@coffeewithgail.com

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

For further information concerning this matter, please call:

Gail U. Pentz

941

544-6807

at (_____) _____

Name of Person

Area Code

Daytime 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 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



7/1/2021 10:21:07
FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2021

GAIL U. PENTZ
6060 WILKINSON ROAD #107
SARASOTA, FL 34233

SUBJECT: TURNING POINT WELLNESS SERVICES, LLC
Ref. Number: L20000008062

We have received your document for TURNING POINT WELLNESS SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 621A00013059

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

Turning Point Wellness Services, 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 December 31, 2019 and assigned Florida document number 120000008062.

This amendment is submitted to amend the following:

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

Coffee with Gail, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

New email address is: admin@coffeewithgail.com

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: N/A (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 June 19 2021

Gail U. Penty
Signature of a member

Signature of a member or authorized representative of a member

Gail U. Pentz

Typed or printed name of signee