LZ0 0000008145

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	'ess)	·
(City/	State/Zip/Phone	e #)
()	- www	- ·· ,
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
	001	
Γ		
Special Instructions to Fi	ling Officer:	
!		

Office Use Only



400344940844

05/21/20--01012--005 **30.00



JUN 1 0 2020 S. YOUNG

COVER LETTER

TO: Registration So Division of Cor			
PURPLE T	URKEY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	•	
	NEIL K STEVEN	SON	
		Name of Person	<u> </u>
	PURPLE TURKEY, LI	.c	
		Firm/Company	
	12078-1 SAN JOSE BLVI)	
		Address	
	JACKSONVILLE, FL 32	223	
		City/State and Zip Code	
		FAMILYDENTISTRY.COM	
	E-mail address; (to be used for future annual report r	notification)
For further information of	oncerning this matter, please ea	all:	
NEIL K. STEVENSON		904 268-4466	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
	_		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
W 70		0	
<u>Mailing Addres</u> Registration !		Street Address: Registration 3	
Division of C	Corporations	Division of C	Corporations
P.O. Box 632	27	The Centre o	f Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020

PURPLE TURKEY, LLC		and a second sec
(Name of the Lim	ted Liability Company as it now apper (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\overline{\mathbb{D}}$	ECEMBER 31, 2019 and assigned
Florida document number <u>L20000008145</u>	·	
This amendment is submitted to amend the fol	lowing:	99
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registered
Name of New Registered Agent:	NEIL K STEVENSON	
New Registered Office Address:	12078-1 SAN JOSE BLVD.	
-	Enter Flo	orida street address
	JACKSONVILLE	, Florida 32223
	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

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 KARIE J STEVENSON	12078-1 SAN JOSE BLVD	□Add	
		JACKSONVILLE, FL 32223	≅Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
		🗆 Add	
			□Remove
			□Change
			□Add
		□Remove	
			☐Add
		□Remove	
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
-	
_	
-	
-	
-	
-	
-	
_	
-	
-	
-	
-	
-	
Note:	ve date, if other than the date of filing:
e recor rd is fii	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
Dated	14 May 2020 Mid M Llevensan
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee