K20 0000031209

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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04/26/21--01015--001 **1470.00

06/17/21--01008--002 **210.00

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JUN 29 2021



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2021

APRIL WOOD PO BOX 1427 THOMASVILLE, GA 31799

SUBJECT: TURNER FURNITURE OF FORT WALTON, LLC

Ref. Number: L20000031209

We have received your document for TURNER FURNITURE OF FORT WALTON, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00014025

COVER LETTER

tion porations				
iture of Fort Walton, LLC				
Name of Lim	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ndence concerning this matter	to the following:			
April Wood				
	Name of Person			
1915 South Co.				
	Firm/Company			
P.O. Box 1427				
	Address			
Thomasville, GA 31799				
	City/State and Zip Code			
~	to be used for figure annual report noti-	fications		
	850 224-9634			
Person	Area Code Daytime	e Telephone Number		
following amount:				
□ \$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)		
= *	Street Address: Registration Sec	ction		
Registration Section Division of Corporations P.O. Box 6327		Division of Corporations		
	April Wood 1915 South Co. P.O. Box 1427 Thomasville, GA 31799 awood@1915South.com E-mail address: () ncerning this matter, please concerning this matter, please concerning this matter.	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: April Wood Name of Person 1915 South Co. Firm/Company P.O. Box 1427 Address Thomasville, GA 31799 City/State and Zip Code awood@1915South.com E-mail address: (to be used for future annual report not incerning this matter, please call: Area Code Person at (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JUL 29 PH 4: 33

If Changing Registered Agent, Signature of New Registered Agent

Turner Furniture of Fort Walton, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/22/2020}{}$ and assigned Florida document number $\frac{L20000031209}{}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
1915 South of Fort Walton, 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:
(Principal office address MUST BE A STREET ADDRESS)
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 new registered agent and/or the new registered office address here: Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
1771 1 107 MAY SIFET GRADES.
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		2921 - 1171 -	
Name	Address	29 PM 4: 33	Type of Action
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			□Remove
			□Change
	·-		🗆 Add
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			□Add
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			□Remove
			⊕Remove
	norized Member	Name Address Address	Name Address Address Ph 4: 33

	2821 JUH 29 PM 4: 34
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	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 of does not meet the applicable statutory filing requirements, this date will not be listed as th
the record specifies a delayed effective coord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated As of April 22	
Desall Tim	.a
<u> </u>	enature of a member or authorized representative of a member
S. Russell Turner Jr., Man	ıger
	Typed or printed name of signee

Filing Fee: \$25.00