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(Red	questor's Name)	·
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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2020 JUNI PH 1: 08

Amend/hame

Jun 18 mm LALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp	orations		
SUBJECT: Just	ner and Camp	any Constaction Cited Liability Company	LLC
	Name of Lim	ited/Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	140	Tucan	
	49110011	Name of Person	
		Firm/Company	
	1627 SE Hon	efbell Cn Address	
		Address	
	Areadia FC	34766 City/State and Zip Code O a Mai . Com to be used for future annual report notifi	
		City/State and Zip Code	
	1.b turner of	le amail. Com	ration)
For further information co.	ncerning this matter, please c		
1 -			
Landon Turn	18	at (<u>803</u>) <u>990 - 0</u> Area Code Daytime	405
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
52 \$25.00 Filing Fee	S30.00 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	£	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Corpony C Hiability Compan A Florida Limited Li	v as it now appear	n LLC Son our records.)			
The Articles of Organization for this Limited Lia	bility Company v	were filed on	05/04/2020	a	nd assig	ned
Florida document number <u>L Z00600406</u>	<u> 39 </u>					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	the limited liabil	lity company he	<u>re</u> :			
Turner & Co. Construction	n 120					
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the de	signation "LLC" or th	e abbreviat	ion "L.L.	C."
Enter new principal offices address, if applica	ble:					
Principal office address MUST BE A STREET	(ADDRESS)					
				ž,	2020 JUN	-
Enter new mailing address, if applicable:					يييز	-
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			<u> </u>		
						<u> </u>
					Ĭ	
B. If amending the registered agent and/or re		ddress on our ro	cords, enter the n	ame of t		
igent and/or the new registered office address	<u>here</u> :			1.3	80	
Name of New Registered Agent:	bandon	Turner				
New Registered Office Address:	1627	SE Honeyb	ell Ln			
	Ascadi	G	Florida	343	206	
		City		Zip	Code	

New Registered Agent's Signature, if changing Registered Agent:

thereby 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 eing filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability ompany 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	Landon Turner	1627 SE Honeybell Ln	WAdd
		1627 SE Honeybell Ln Arcaelia FL 34266	□Remove
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n effective ( <mark>te:</mark> If th	ate, if other than the date is listed, the date is edate inserted in this effective date on the	ust be specific and block does not n	f cannot be prior to neet the applical	odate of tiling or	(o) more than 90 days a ng requirements.	fter filing.) Pursuant to	o 605.020' e listed as
ecord spe s filed.	cities a delayed effect	tive date, but not	an effective tin	ne, at 12:01 a.m	, on the earlier of:	(b) The 90th day	after the
ed	May	10	. 2020 ylis.	i. Dune	ipl		_
•		Signature of a	member or author	ized representativ	of a member		
		. /		, ,			

Filing Fee: \$25.00