121000051331

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200365368192

05/13/21--01022--010 **25.00

2021 SEP -1 PM 2: 55 LIARY OF STATE

SLP 1 1



August 16, 2021

DENISE EFTRIDGE 5093 ELWOOD RD SPRING HILL, FL 34608

SUBJECT: TURKEY BAG COLLECTION, LLC

Ref. Number: L21000051331

We have received your document for TURKEY BAG COLLECTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have not received the complete document. The first page missing.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 121A00019540

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

· COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: TUrkey Bag Collection 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:							
Denise Leftendge. Name of Person							
Firm/Company							
5513 Elwad rd Address							
Spang HI FL 3-1608 City/State and Zip Code Denise Liou & grant Loom E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Denise left de at (72), 768-3450 Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mixed Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>LALADOS</u> . This amendment is submitted to amend the following:	npany were filed on 1/28/2021 and assigned 331
A. If amending name, enter the new name of the limited TO SUG STATE The new name must be distinguishable and contain the words Limited	ollection ILC \$ = II.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	Spring 1711 FL 34608
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 500	3 Elwodrd Enter Florida street address
Spn	ng h , Florida 34608 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, Signoture of New Registered Agent

_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
-	
-	
_	
-	
i an eff <u>Note:</u>	ve date, if other than the date of filing:
record d is fil	I 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 ed.
Dated	August 24 . 2021. Do nuse Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member Dellise lefted se Typed or printed name of signee

Filing Fee: \$25.00

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>	Name	Address	Type of Action
MGR	Denise Left-ridge	5093 Elwwa rd	_ DAVE
		Spring 1411, FC 34408	□Remove
			□Change
MGR	Cabastian Alexander	same as above	_ DMG_
	HEXCINCIECT		🗆 Remove
			□Change
AMBR	Cabastian Alexander-	Same as above	DAdd
	Johnin		□Remove
	,		Change
AMB2	Denise Lefandge	same as abre	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change