

L22000321524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

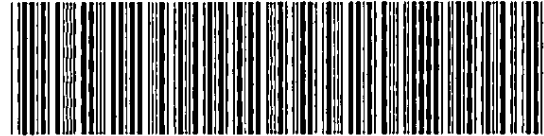
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 24 PM 4:43

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01/25/23--01002--010 **30.00

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2023 JAN 24 PM 4:11

JAN 24 2023

COVER LETTER

Registration Section
Division of Corporations

EFFECT: Turnkey Wholesale LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Smith
Name of Person

Firm/Company

448 Cypress Gardens Rd
Address

Winter Haven, FL, 33880
City/State and Zip Code

Turnkey Global@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Smith at (913) 671-9825
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

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

Turn Key Whole Sale, LLC ED
PH 4:43

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

Articles of Organization for this Limited Liability Company were filed on 07/20/2022 and assigned
a document number L22000321824

An amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Inspire Media LLC. Inspire Media Group LLC

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

For new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

For new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

Florida

City

Zip Code

By 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

= Manager
R = Authorized Member

R = Authorized Member

Type of Action

☐ Change

recommending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Media business

Effective date, if other than the date of filing: _____ (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:
the 90th day after the record is filed.

Effective date: 01/24/2023

Signature of a member or authorized representative of a member

Shannon Smith

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2023

SHANNON SMITH
448 CYPRESS GARDENS RD
WINTER HAVEN, FL 33880

SUBJECT: TURN KEY WHOLESALE LLC
Ref. Number: L22000321824

We have received your document for TURN KEY WHOLESALE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L15000209066.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 923A00001747