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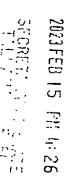
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### **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: TURNS	R COMMERCIA Name of Limi	L SERVICES LLC	· · · · · · · · · · · · · · · · · · ·	
	Amendment and fee(s) are sub-			
	1AHTANHOL	J TURNER Name of Person		
	TURNER CON	NMERCIAL SER	VICES	202 38
	1215 W. BOBE	Address		2023 FEB 15 355 (15) (15)
	PENSACOL	A FU 32501 City/State and Zip Code		
	TURNERSER	VICES 850 CGMA to be used for future annual report notifi	IL.COM	4: 26
For further information co	nncerning this matter, please ca	dl:		
JOHNATHAN Name of		at ( <u><b>850</b></u> ) <u>232-6</u> Area Code Daytime	0927 Telephone Number	<del>_</del>
Enclosed is a check for th	te following amount: - CH	K#101 For \$43,7	5 cashed	10.18.22
☐ \$25.00 Filing Fee	□ \$30.00 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)	
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# TURNER COMMERCIAL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUN 26, 2027 and assigned Florida document number L22,000,32,9983

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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 Agent:

Name of New Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

New Registered Office Address:

Enter Florida street address

Enter Florida street address

### 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	JOHNATTIAN TURNER	9158 WOODRUN RD	XAdd
		PENSACOLA, FL 32514	□Remove
			□Change
AMBR	JOHNATHWA (05)	9158WOODRUN RD	X\dd
	JOHNATHAN TURNER	PENSACOLA, FL 32514	□Remove
			□Change
			🗖 Add
			Remove 2023 Change
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or motore:  If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(option re than 90 days after fit requirements, this d	al) ing.) Pursuant to G ate will not be l	505,0207 isted as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of d is filed.	n the earlier of: (b)	The 90th day a	fter the
Dated FEBRUARY 1 2023	_ \		
·- ^ / / <del>`</del> ~			
Signature of a member or authorized representative of	of a moniber	<u>-</u>	

Filing Fee: \$25.00