

L22 000 329 983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400395881534

10 13/22--01009--009 \*\*43.75

SECRET  
2023 FEB 15 PM 4:26  
FILING OFFICE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TURNER COMMERCIAL SERVICES 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:

JOHNATHAN TURNER  
Name of Person

TURNER COMMERCIAL SERVICES  
Firm/Company

1215 W. BOBE ST  
Address

PENSACOLA, FL 32501  
City/State and Zip Code

TURNERSERVICES850@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2023 FEB 15 PM 4:26  
SECRETARY'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

JOHNATHAN TURNER at ( 850 ) 232-6927  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: - CHK #101 for \$43.75 cashed 10.18.22

☐ \$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

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 JULY 26, 2022 and assigned Florida document number L22000329983

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHNATHAN TURNER	9158 WOODRUN RD	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<del>JOHNATHAN</del> (at) JOHNATHAN TURNER	9158 WOODRUN RD	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
TALLAHASSEE  
FEB 15 2023  
PM 6:26

2023 FEB 15 PM 4: 25  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-11-2023 BY 60322 UCBAW

2003 FEB 15 PM 4:26  
SECRET  
FALL 1991

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)  
\_\_\_\_\_ (If the effective date is the date of filing, the date will not be listed as the date of filing.)

If the record 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 record is filed.

Dated FEBRUARY 1, 2023

atupnef

Signature of a member or authorized representative of a member

Apryl Turner Johnathon Turner  
Typed or printed name of signer

Typed or printed name of signer

**Filing Fee: \$25.00**