## 123000397230

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		•	•	
CUDIC	cut.	Turners Hor	ne Services LLC	<b>)</b>	•
SUBJE	CI:	Name of Limi	ted Liability Company		
The enc	losed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
			Lexi King Name of Person		
		Nev	v Business Filing	]	
			Firm/Company		
		8170 W	ashington Villag	je Dr	
			Address		
		Day	ton, Ohio 45458	3	
		ordors@	City/State and Zip Code newbusinessfilir	na ora	v 13
		E-mail address: (	to be used for future annual report r	notification)	)23 H
For fun	ther information co	oncerning this matter, please c	ali:	<u> </u>	7 11 - 1 2023 110 Y 13 SEC: - 1 1 1 1
	Lexi	King	at (888) 701-6		PH
	Name o	f Person	Area Code Day	time Telephone Number	PH 2: 11
Enclose	ed is a check for th	he following amount:			
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy in	Status &
			Street Address		
Mailing Address: Registration Section		Registration Section			
	Division of C P.O. Box 632	•	Division of C The Centre o	Corporations of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ne Services LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our re nited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000397230</u> .	pany were filed on 08/23/2	2023 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
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:				
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>e</u>	nter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Para Planta and			
	Enter Florida street address			
	City	Florida 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>	Address	Type of Action
<u>AMBR</u>	Shawn Turner	3096 E Murray St Inverness Florida 34453	• Add
			Remove
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		AT
ctive date, if other than the date of filing:	(optional)	**************************************
e: If the date inserted in this block does not meet the applicable st		
ument's effective date on the Department of State's records.		
eord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90	Oth day after th
filed.	(=,	<b>,</b>
November 6 2022		
November 6 2023		
	MGR	
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