

L23000425334

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC
Account Number : I202400000004
Phone : (775)329-7721
Fax Number : (775)376-9207

FILED
2024 JUN 18 PM 12:19
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: dubbx@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TURTLE ISLAND TRUCKING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

JUN 19 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 JUN 18 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TURTLE ISLAND TRUCKING, 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 09/12/23 and assigned
Florida document number L23000425334

This amendment is submitted to amend the following:

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

DUBBX RECORDINGS, LLC

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: 11150 N. Williams St. Suite 108-525
(Principal office address **MUST BE A STREET ADDRESS**) Dunnellon, FL 34432

Enter new mailing address, if applicable: 11150 N. Williams St. Suite 108-525
(Mailing address **MAY BE A POST OFFICE BOX**) Dunnellon, FL 34432

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: _____

New Registered Office Address: _____

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>
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TALLAHASSEE COUNTY FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 JUN 18 PM 12:19
SECURITY ASSET FLORIDA
ITALY ASSET FLORIDA

E. Effective date, if other than the date of filing: N/A (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:

(b) The 90th day after the record is filed.

Dated

4/18 211 M 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jeffery Guyton

Typed or printed name of signee