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2024 APR 24 AM 8: 41
SECRETARY OF STATE
STATEALL AMASSEE, FLORIDA

AD

COVER LETTER

	ocrations		
SUBJECT:	Turners Gar	ingc Doors LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	- Iwa	M Turner Name of Person	
		ers Gwage Doors Finn/Company	ис
	140 Sa	m Smith circle	
	Hurnersgar E-mail address: (City/State and Zip Code Gac doors 11 c @ gmail to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c	all:	
Story MT	The S	at (850) 661 - Daytim	0872
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassec, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turner C	COOK LLC 2001
(Name of the Limited Liability Co.	company as it now appears on our records, APR 24 AM 8: 41
he Articles of Organization for this Limited Liability Compa lorida document number <u>L 23000533927</u>	pany were filed on 11/30/2023 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited li	liability company here:
he new name must be distinguishable and contain the words "Limited La	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS,	<u> </u>
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
	ice address on our records, <u>enter the name of the new registe</u>
gent 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
ew Registered Agent's Signature, if changing Registered Age	ent:
hereby accent the appointment as registered agent and	agree to act in this capacity. I further agree to comply with a

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	Geven M Turner	140 San Smith Circle Crawford ville FL 72727	🗹 Add
			Remove
			□Change
MGR Krista L Turner	Krista L Turner	140 Sam Smith Circle	□Add
		- CINOCIPI EVILLA IL ICIAI	🗹 Remove
			🗆 Change
			[]Remove
			Change
			🗆 Add
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			Change
			□Add
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Note:	we date, if other than the date of filing:
he record ord is file	I 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 ed.
	April 23rd 2024
Dated _	
Dated_	Here was to
Dated_	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00