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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	MARK TURNER	INC			
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MARK A TURNER				
	Name of Contact Person				
	MARK TURNER INC				
	Firm/ Company				
	980 BROWNS RD				
•	Address				
	MIDDLEBURG FL 32068				
		City/ State and Zip Cod	е		
LJGT	007@YAHOO.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
MARK TURNER		at (<u></u>	545-2432		
Name of Contact Person Area Code & Daytime Teleph		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARK TURNER INC	O I	
(Name of Corporation :	as currently filed with the Florida Dept. of S	State)
P04000062938		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corpo	eration:	
TURNER LAND DEVELOPMENT INC		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	Inc," or "Co". A professional corporation is	" or the abbreviation
B. Enter new principal office address, if applicable:		729
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)	8 1
		2
		T
C. Enter new mailing address, if applicable:	·	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. IE., II. of		
 If amending the registered agent and/or registered officence registered agent and/or the new registered officence. 	office address in Florida, enter the name of t ce address:	<u>he</u>
Name of New Registered Agent		
Hume of New Registered Agent		
	(Florida street address)	
	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	, Flori	da(Zip Code)
		•
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent:	o a a a a del a a a
2 2000pt the appointment as registered agent. I am	jumulai wan ana accept the ootigations of the	e postuon.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

. . . .

I'he date of each amendment(s) adoption:	, if other than the
date this document was signed.	ACTION ED 40 4010	
(_ Effective date <u>if applicable</u> :	OCTOBER 22, 2018	
<u>pp</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
= -	BER 19, 2018	
Signature	Monh A. Fun	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	-
	MARK A TURNER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .