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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registra

SUBJECT:

Registration Section
Division of Corporations

TURNBERRY 710 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:

CLAUDIO MARKOWICZ

Name of Person

HIGH PERFORMANCE CONSULTING GROUP LLC

Firm/Company

4113 Sapphire Terrace

Address

Weston, FI 33331

City/State and Zip Code

claudiomarkowicz@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudio Markowicz

954₆₀₀₋₂₇₆₁

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| IALLAHASSE Ords.) | LED 8 PM 3:35 OF SIATE |
| ords.) | - LORIDA |

TURNBERRY 710 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 10/08/20 | ond assigned |
|--|---------------------------------------|---|
| Florida document number L08000093054 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | |
| The new name must be distinguishable and end with the w'L.L.C." | vords "Limited Liability Company," th | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u></u> | |
| | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ac | | cords, <u>enter the name of the nev</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Flo | orida street address |
| | City | , Florida Zip Code |
| | City | Zip Coae |

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-----------------------|----------------|
| MGR | Sebastian Zugman | 12 Tyler Ln | Add |
| | | Riverside, Ct 06878 | Remove |
| MGRM | Damian Schuchner | 4779 Collins Ave | Add |
| | | Miami Beach, Fl 33331 | Remove |
| | | | |
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| | | SCHOOL |
| | Signature of a member or authorized representative | of a member |
| Sebastian . | Zugman, Manager | |
| | Typed or printed name of signee | |
| | Page 3 of 3 | |

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