## L140000 33532

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| PICK-UP                 | ☐ WAIT            | MAIL        |
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JAN 2 1 2016 J. HARRIS



January 13, 2016

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE.:

Turnberry Village Investment, LLC

DOCUMENT NO. L14000033532

Dear Sir/Madam:

We respectfully submit to you the enclosed Articles of Amendments along with a check in the amount of \$25.00 for filing.

If you have any further questions, please do not hesitate to contact us.

Respectfully

Christopher Tyrrell, Esa.

Partner

The Calderaro Tyrrell Law Group

## **COVER LETTER**

TO:

| TO:       | Registration Se<br>Division of Cor |  |  |   |
|-----------|------------------------------------|--|--|---|
| SUBJEO    | TURNBER                            | RY VILLAGE INVESTMEN   | T, LLC   |   |
| SUBJEC    | ∠I;                                | Name of Lim  | ited Liability Company   |   |
| The encl  | osed Articles of                   | Amendment and fee(s) are sub   | mitted for filing.   |   |
| Please re | turn all correspo                  | ondence concerning this matter   | to the following:  |   |
|           |                                    | SANDRA R. CALDERAR   | RO   |   |
|           |                                    | *****  | Name of Person   |   |
|           |                                    | CALDERARO TYRELL I   | LAW GROUP  |   |
|           |                                    |  | Firm/Company   |   |
|           |                                    | 6301 NW 5TH WAY, SUI   | TE 2000  |   |
|           |                                    | •  | Address  |   |
|           |                                    | FT. LAUDERDALE, FL 3   | 3309   |   |
|           |                                    |  | City/State and Zip Code  | <del></del>   |
|           |                                    | rcalderaro@visamiami.com   |  |   |
|           |                                    |  | to be used for future annual report not  | ification)  |
| For furth | er information c                   | oncerning this matter, please ca   | all:   |   |
| Nonna K   | Kaschkarow                         |  | 954 376-6161<br>at ( )   |   |
|           | Name o                             | f Person   |  | ne Telephone Number   |
| Enclosed  | l is a check for th                | ne following amount:   |  |   |
| ■ \$25.0  | 00 Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status                                     | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|           | Registr<br>Divisio<br>P.O. Bo      | ING ADDRESS:<br>ation Section<br>n of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COUR<br>Registration Section Division of Corpor Clifton Building 2661 Executive Contact Tallahassee, FL 3 | on<br>rations<br>enter Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lim   | ited Liability Company as it now appear<br>(A Florida Limited Liability Company) | rs on our records.)                           |
|--|--|---|
| The Articles of Organization for this Limited landscape of Organization for the Limited landscape of the Articles of Organization for the Limited landscape of the Articles of Organization for the Limited landscape of the Articles of Organization for the Limited landscape of Organization for the Organiz |  |   |
| his amendment is submitted to amend the fol  | lowing:  |   |
| . If amending name, enter the new name   | of the limited liability company be  | ere:  |
| he new name must be distinguishable and contain the  | words "Limited Liability Company," the d   | esignation "LLC" or the abbreviation "L.L.C." |
| enter new principal offices address, if appli  | cable:   | 2   |
| Principal office address MUST BE A STRE  | ET ADDRESS)  |   |
|  |  | mm ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (      |
|  |  |   |
| nter new mailing address, if applicable:   |  |   |
| Mailing address MAY BE A POST OFFICE   | <u></u>  |   |
| . If amending the registered agent and gistered agent and/or the new registered of New Registered Agent:   |  | our records, enter the name of the            |
|  | 6301 NW 5TH WAY, SUITE 200   | nn  |
| New Registered Office Address:   | ***************************************  | ida street address                            |
|  | FT. LAUDERDALE   | , Florida <sup>33309</sup>                    |
|  | 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>             | Type of Action  |
|--------------|------------------------------|----------------------------|---|
| MGR          | S & A Company Management LLC | 2875 NE 191st Street       | Add   |
|              |                              | Suite 801                  | ■ Remove  |
|              |                              | Aventura, FL 33180         | □ Change  |
| MGR          | KB BUSINESS MANAGER LLC      | 240 CRANDON BOULEVARD      | ■ Add   |
|              |                              | SUITE 106H                 | □ Remove  |
|              |                              | KEY BISCAYNE, FL 33149, US | ☐ Change  |
|              |                              |                            | □ Add   |
|              |                              |                            | Remove  |
|              |                              |                            | Change  |
|              |                              |                            | □ Add   |
|              |                              |                            | Remove  Change  |
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|              |                              |                            | Change  |
|              | <del></del>                  |                            | □ Add   |
|              |                              |                            | □ Remove  |
|              |                              |                            | ☐ Change  |

| Tive date, if other than the date of filing:  (Optional)  (Optional)  (Incrine that is block, the date must be specific and amond be prior to date of filing or none than 90 days after filing 1 Paramont to 605.07  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed nicut's officetive date on the Department of State's records.  (Accord specifies a deflayed effective date, but not an effective time, at 12:01 a.m. on the earlier end of a filed.  (Included the record is | anchang any ba                        | her information, enter cha  | inge(s) here. (Anach a  | читони знеец, у несс                                     | zssury.)   |
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| tive date, if other than the date of filing:  (optional)  Iffective 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 605.03.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.  Accord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.  Signature of a nicinity to authorized representative of a member  Signature of a nicinity to authorized representative of a member  On the earlier of a nicinity to authorized representative of a member of the properties of the date of the prior of a member of the prior of a nicinity to authorized representative of a member of the prior of the pri |                                       |   |   |  |  |
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Fiting Fee: \$25.00