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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Turnberry 1101, LLC	C	
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		Trade/Service Mark
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		RA Resignation
		Dissolution / Withdrawal
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		Cert. Copy
		Certificate of Good Standing
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		Corp Record Search
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Signature		Fictitious Owner Search
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## **COVER LETTER**

TO: Registrat Division o				
Turn	berry 110	I, LLC		
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company	
The analoged Agric	olan of An	nendment and fee(s) are subr	nitted for filing	
		ence concerning this matter	·	
i ioase rount an oc	лтоэрона	ence concerning this matter	o de monig.	x.
		Julisse Jimenez		
			Name of Person	
		Julisse Jimenez, PA		
			Firm/Company	
		701 Brickell Avenue Suite		
			Address	
		Miami, FL 33131		
		julisse@julissejimenez.com	City/State and Zip Code	
			to be used for future annual report notific	cation)
For further inform	ation con	cerning this matter, please ca	atl:	
Julisse Jimenez or	Yaisy Li	nares	305 371-8064 at ()	
	Name of P	crson	Area Code Daytime	Telephone Number
Enclosed is a chec	k for the	following amount:		560.00 Filing FEST 2
☐ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
	Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ice, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turnb	erry 1101, LLC
(Name of the Limite)	d Liability Company as it now appears on our records.)  A Plorida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	I
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	bie:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	SOX)
B. If smending the registered agent and/or the new registered offi	or registered office address on our records, <u>enter the name of the new</u> ice address here:
Name of New Registered Agent:	Julisse JIMENEZ, PA 701 BAZIGIL QUENUR SUITE 2000
New Registered Office Address:	701 BARIGH QUENUE SUITE 2000
	Micomi, FL, Florida 33131  Clay Zip Code
Minus Dambur, and American Charles and a second by	

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, Signifure 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 Title Name Type of Action Address Bayun Estates 16051 Collins Ave#1101 Ctd. Aventura F1 3316 □ Change □ Add Remove \_□ Change □ Remove ☐ Change □ Add □ Remove \_□ Change bb∧ □

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