Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

L. SELLERS

MAY 19 2008

EXAMINER

RECEIVED-BHAY 16 PH 2: 55 SECRETARY OF STATE ALLAHASSEE, FLORDI

AMND/RESTATE/CORRECT OR M/MG RESIGN

TURNER PRIVATE EQUITY INVESTMENTS LLC

Certificate of Status	U
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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE.FLORID

TO:

Registration Section

COVER LETTER

Division of Corporations		
SUBJECT: TURNER PRIVATE EQUITY	INVESTMENTS LLC	
(Name of I	Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Francyne Carrillo		
	(Name of Person)	
Legalzoom.com, li		
	(Flun/Company)	
7083 Hollywood B		
	(Address)	,
Los Angeles, CA		- takkapa
	(City/State and Zip Code)	
For further information concerning this matter, please	se call:	
Francyne Carrillo	at (323) 962-8600	and the same of th
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	S\$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	STREET/COURIER Registration Section Division of Cornoration	

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
то
ARTICLES OF ORGANIZATION
OF

	rida Limited Liability Cor	v appears on our records.) npany)
The Articles of Organization for this Limited Liabil	ity Company were filed	on 03/06/2008 and assigned
Florida document number <u>L08000023884</u>	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability comp	any here:
The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office addre	
Name of New Registered Agent:	Dillnid	D. TUYNET
New Registered Office Address: 1	155 BRICKELL BA	
		(Enter Florida street-address)
	41 4 4 4 4	
<u></u> .	MAMI (City)	, Florida 33131 (Zip Code)

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.

Page 1 of 2

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:

	Name	Address Tv	pe of A
			Add
			Remove
		,,,,,	
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			Remove
			Add
_ -			Remove
			Add Remove
	1929 4 19 4 4 7 4		Add
			Add Remove
 nmendi	ng any other information, enter chang		
	ng any other information, enter chang	c(s) here: (Attach additional sheets, if necessary.)	
Arti		e(s) here: (Attach additional sheets, if necessary.) ness address shall be:	
Arti	cle II. The principal place of busin	e(s) here: (Attach additional sheets, if necessary.) ness address shall be:	
Arti	cle II. The principal place of busin	e(s) here: (Attach additional sheets, if necessary.) ness address shall be:	
Arti	cle II. The principal place of busin	e(s) here: (Attach additional sheets, if necessary.) ness address shall be:	
Arti 80	cle II. The principal place of busin	ge(s) here: (Attach additional sheets, if necessary.) ness address shall be: MI, FL US 33130	
Arti 80	cle II. The principal place of busin S.W. 8TH ST., SUITE 2000, MIAI	ness address shall be: MI, FL US 33130	
Arti 80	cle II. The principal place of busin S.W. 8TH ST., SUITE 2000, MIAI	re(s) here: (Attach additional sheets, if necessary.) ness address shall be: MI, FL US 33130	
Arti 80	cle II. The principal place of busin S.W. 8TH ST., SUITE 2000, MIAI ay /6 Signature of a member	re(s) here: (Attach additional sheets, if necessary.) ness address shall be: MI, FL US 33130	
Arti 80	cle II. The principal place of busin S.W. 8TH ST., SUITE 2000, MIAI ay /6 Signature of a member	ness address shall be: MI, FL US 33130 Or authorized representative of a member	