Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000019996 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : TURNBERRY ASSOCIATES

Account Number: T19990000201 Phone

: (305)937-6262

Fax Number

: (305)682-4109

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

401 MANAGER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JAN 3 0 2009

Electronic Filing Menu

Corporate Filing Menu

12:54:17 p.m.

01-29-2009

305 932 6535 ' но9000019996 3

ARTICLES OF AMENDMENT

Te	O	至
ARTICLES OF O	RGANIZATION	20 672
0:	F	RPG
(Name of the Limited Liability Compa) (A Florida Limited L	nager LLC ny as it now appears on our records.) liability Company)	AH 29 AH 8: 15
The Articles of Organization for this Limited Liability Company	were filed on $1/22/2009$	and assigned
Florida document number 40900007242.	(
This amendment is submitted to amend the following: If amending name, enter the new name of the limited liab	ility company here:	
The same of the sa	mry company neic.	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	c/o Professional Mana 9095 SW 87 Ave.	sement, Inc.
(Principal office address MUST BE A STREET ADDRESS)	9095 SW 87" Ave.	we, Suite 777
	Miami, FL	33/76
Enter new mailing address, if applicable:	9015 SW 87" Avenue	agement, Inc.
(Mailing address MAY BE A POST OFFICE BOX)	9095 SW 87" Avenue	s, Suite 777
	Minni, FL 33,	76
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> :	the name of the new
Name of New Registered Agent:	James R. Mitchell 9095 SU 87th Assure (Enter Florida street ac	
New Registered Office Address:	9095 SU 87h Avenue	Suite 777
	(City), Florida_	55176 (Zin Code)
New Registered Agent's Signature, if changing Registered Agent:		tonk many

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.

(MChanging Registered Agent, Signature of New Registered Agent)

* † H09000019996 3

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

Title	Name	Address	Type of Action
MGRM	James R. Mitchell	9095 SW 877 Avenue, S-it 777 Michi, FL 331 76	Add
M6RM	Michael D. Friedman	6625 Migni Lakes Drive Site 316 Minni Lakes, FL 33014	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.) ——
			SECRETAR DIVISION OF C
Dated	January 28, 20		LED RY OF STATE CORPORATION
		or authorized representative of a member Ent. M. Feder or printed name of signee	v

Page 2 of 2

Filing Fee: \$25.00