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| (Re | equestor's Name) | | | | |
|---|------------------|-----------|--|--|--|
| (Ad | ldress) | - | | | |
| (Ac | ldress) | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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S. HAWKES

MAY 2 5 2010

EXAMINER

COVER LETTER

| SUBJECT: | TUR | ANSA LLC | |
|---------------------------|--|---|---|
| SUBSECT: | | ed Liability Company | |
| | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | | Carmen Mertins | |
| | | Name of Person | |
| | | Turansa LLC | |
| | | Firm/Company | |
| | 6 | 3339 Pondapple Rd | |
| | | Address | |
| | В | oca Raton, Fl 33433 | |
| City/State and Zip Code | | | |
| | E-mail address: (to | nertins@comcast.net be used for future annual report notific | ation) |
| For further information | concerning this matter, please ca | · | , |
| | | | |
| | armen Mertins of Person | at (561) 8 Area Code & Daytime | 52-5752 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

| | TURANSA LLC | | | |
|--|--|---------------------------|---|--|
| (<u>Name of the Limited Lial</u> (A Flor | pility Company as it now appeared Limited Liability Company) | rs on our records.) | ····· | |
| The Articles of Organization for this Limited Liabili | | 03/09/2009 | and accionad | |
| | · · · — | بار المنظير ما المنظير | aud assigned | |
| Florida document numberL0900023009 |) . | | 気ラ ひ | |
| This amendment is submitted to amend the following | g: | ेमू. इ | ad assigned | |
| A. If amending name, enter the new name of the | limited liability company he | <u>re</u> : | 700 | |
| | | | | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Comp | any," the designation "l | LC" or the abbreviation | |
| Enter new principal offices address, if applicable | <u> </u> | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 0 | | | |
| | <u> </u> | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | our records, enter t | he name of the new | |
| | | | | |
| Name of New Registered Agent: | | | 1 | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| _ | | , Florida | | |
| | 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 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 Changing Registered Agent, Signature of New Registered Agent

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 <u>Name</u> . Address Type of Action DIANE KISNER ·MGR 6339 Pondapple Rd. ☐ Add Boca Raton, Fl 33433 Remove Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 20, 2010 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00