

Florida Department of State

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.

(((H09000148826 3)))



H090001488263ABC5

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

From:

Account Name : TURNBERRY ASSOCIATES

Account Number : I19990000201 : (305)937-6262 Phone Fax Number : (305)682-4109

LLC AMND/RESTATE/CORRECT OR M/MG RESIG

PINECREST LOAN LLC

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

Help

Electronic Filing Menu

Corporate F

រូបូសុ 🙎 4 2009

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	INECREST LUAN LLU	irs on our records	
(A)	Liability Company as it now appear Florida Limited Liability Company)	ar ou our recordary	
The Articles of Organization for this Limited Lia	bility Company were filed on	05/14/2009	and assigned
Florida document numberL090000473	322		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.IC."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		9
			23
Enter new mailing address, if applicable:			- - 2 2 2 0
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		- 5 85
			<u>;</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	277		
	Er	iter Florida street addr	ess
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	•		zip Code
ite-a Accessored Agent a biguature, it changing Re	gisteren Agent.		;
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	oper and complete performance ered agent as provided for in C gistered office address, I hereb	of my duties, and I ar hapter 608, F.S. Or, i	n familiar with and this document is
•	If Changing Registered Age	ent, Signature of New Reg	stered Agent
	Page 1 of 2		

E 268841000POH

MGR = Manager

H09000148826 3

se "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:

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action MGR **ERIC FEDER** 4042 ISLAND ESTATES DRIVE _ ✓ Add AVENTURA FL 33160 Remove ∏ Add Rcmove ☐ Add ☐ Remove Remove . ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 23 2009 Dated ___

MICHAEL F. LEVY

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00