10900049098

(Re	equestor's Name)	
(Ac	idress)	<u></u>
(Ac	idress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100278883371

11/09/15--01009--006 **25.00

2015 NOV 24 P 3: 19
SECRETARY OF STATE
ALL AHASSEE

NOV 215 2015

DBRUCE



15 NOV 25 AM 11: 44 FLORIDA DEPARTMENT OF STATE LLAMASSEE, FLORIDA

November 10, 2015

MICHAEL COHEN 505 5TH AVE, 22ND FLOOR NEW YORK, NY 10017

SUBJECT: TURNBERRY 05, LLC Ref. Number: L09000049098

We have received your document for TURNBERRY 05, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00023770

www.sunbiz.org

COVER LETTER

Division of Cor		, *,			
SUBJECT: Tu	rnberry 05, LLC				
	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Michael	Cohen			
		Name of Person			
		Firm/Company			
	505 Fifth	Avenue, 22nd Floor			
		Address			
	New York	c, NY 10017		201 TALL	
		2015 NOV 24 SECRETARY ALLAHASSE	•		
		N N	PROFESSION CONTRACTOR		
	E-mail address: (gkfo.net to be used for future annual report notifi	ication)	24 787 112	25.5
For further information co	oncerning this matter, please c	all:			§ à (
Michael Cohe		at (212) 775 - 11		GRANGE GA	()
Name of	Person	Area Code Daytime	Telephone Number	D.M. 0	
			•		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Tuenberry @	5 UC
(Name of the Limited L. (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabilifordia document number 20900490	ity Company were filed on <u>05/38/09</u> and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	7 Pu 25
Making thaness MAT BEAT OST OTTICE BOX	المن المن المن المن المن المن المن المن
	Air A THE STATE OF
B. If amending the registered agent and/or r	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office	address here:
Name of New Registered Agent:	
New Registered Office Address:	
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 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, Signature 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	<u>Name</u>	Address	Type of Action
MGR	Stepan Temir-Bulat		□ Add
		505 Fifth Avenue, 22nd Floor, New York, NY 1001	7_FYRemove
	·		Change
MGR_	Michael Cohen	505 Fifth Avenue, 22nd Floor, New York, NY 100	<u>I7</u> ⊠YAdd
			□ Remove
			Change
			Add
		ALL	Remove
		## ** ** ** ** ** ** ** ** ** ** ** ** *	1 2 AA
	•		☐ Remoye ☐ Change
			_□ Adđ
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			Change

1,									
					•••				
				• •					
									
							 		
			<u> </u>	· . · . · . · . · . · . · . · . ·			<u>.</u> .		
***************************************			····		-				
				<u> </u>					
			· · · <u></u>		·				
							w.		
							-		2015
							A t	; 70	-8-
					- · · · · ·				2
							Ĺ,	<u> </u>	
							,	357	
							Ved desp auto participant		
									Φ.
effective dat e: If the da	e is listed, the dat te inserted in the	n the date of f te must be specific his block does n the Department	c and cannot b ot meet the	applicable	te of filing or i statutory fili	nore than 90 day	(optional) ys after filing ts, this date) Purs	uant to 60 10t be list
ecord sp ne 90th d	ecifles a del lay after the	ayed effective record is file	ve date, b ed.	ut not ar	effective	time, at 12	:01 a.m.	on t	he earli
d	11	19	_, <u> </u>	·) 					
		\sim	\sim	メド					
		Signature o	of a member of	or authorized	representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00