Division of Corporations Electronic Filing Cover Sheet

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|               | NOT hit the REFRESH/RELOAD button on your bro<br>Doing so will generate another cover sheet.   | CO.S.                      |
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| To:           |  |                            |
|               | Division of Corporations   |                            |
|               | Fax Number : (858)617-6383   |                            |
| From:         |  | 읔 .                        |
| i i Qiii.     | Account Name : C T CORPORATION SYSTEM  | 5                          |
|               | Account Number : FCA000000023  | 1-                         |
|               | Phone : (614)280-3338  |                            |
|               | Fax Number : (954)208-0845   |                            |
| *Enter<br>anı | the email address for this business entity to be<br>oual report mailings. Enter only one email addres  | used for futures please.** |
| an:<br>Em:    | the email address for this business entity to be bual report mailings. Enter only one email address all Address:  LC AMND/RESTATE/CORRECT OR M/MCTURNBERRY AIRPORT HOLDINGS, | G RESIGN                   |
| an:<br>Em:    | nual report mailings. Enter only one email addres ail Address:   | G RESIGN                   |
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Electronic Filing Menu

Corporate Filing Menu

Help

## To: Page 3 of 5

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| TURNBERRY AIRPORT HOLDINGS, LLC  |  |
|--|--|
|  | Any as It now appears on our records.) Liability Company).         |
| ne Articles of Organization for this Limited Liability Company   | y were filed on March 28, 2019 and assigned                        |
| orida document number L11000066717   | 28   |
| nis amendment is submitted to unend the following:   |  |
| . If amending name, enter the new name of the limited lial   | bility company here:   |
|  |  |
| e new name must be distinguishable and contain the words "Limited Liab   | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:   | 19501 Biscayne Boulevard   |
| rincipal office address MUST BE A STREET ADDRESS)  | Suite 400  |
| THE PART OF THE CANADA THE PART OF THE PAR | Aventura, Florida 33180  |
|  |  |
| nter nëw mailing address, if applicable:   | 19501 Biscayne Boulevard   |
|  | Suite 400  |
| Sailing address MAY BE A POST OFFICE BOX   | Aventura, Florida 33180  |
|  |  |
| If amending the registered agent and/or registered   | office address on our records, enter the name of the               |
| gistered agent and/or the new registered office address he   | <u>re</u> :  |
|  |  |
| Name of New Registered Agent:  |  |
|  |  |
| New Registered Office Address:   | Enter Florida street address                                       |
| ·  |  |
|  | Ulorida  |
|  | , Florida<br>City Zip Code   |

If Changing Registered Agent, Signature of New Registered Avent

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.

|                                       | •                      |                                   |                |
|---------------------------------------|------------------------|-----------------------------------|----------------|
|                                       | ager<br>torized Member |                                   |                |
| WINE WILL                             | dorwed Member          |                                   |                |
| <u> Fitte</u>                         | Name                   | Address                           | Type of Action |
| COMGM                                 | Jeffrey Soffer         | 19950 West Country Club Drive,    |                |
|                                       |                        | 10th FL, Aventura, Florida 33180  | ∧dd            |
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| Effective date. If other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 66 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated March 28  2019  Warch 28  2019  Warch 28  2019  |                            |                                       |                              | nation, er                |                       |             | •                  |                         |             |                     | -        |                 |             |                       |                           |
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| Signature of a member or authorized representative of a member   |                            | ren 28                                |                              |                           | .,                    | 2019        |                    |                         |             |                     |          |                 |             | ·                     | ;                         |
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| Mario A. Romine, Authorized Signatory  | ated Ma                    | ·                                     |                              | Signatu                   | re of a me            | mber or     | authorized         | represen                | talive o    | f a men             | nber     |                 |             |                       |                           |

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Filing Fee: \$25.00