

L11000068107

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CLERK OF STATE
TALLAHASSEE FLORIDA

MAY 26 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TURNBERRY19495, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SALOMON NASH

Name of Person

TURNBERRY19495, LLC

Firm/Company

20900 NE 30TH AVE. STE 1003

Address

AVENTURA, FL. 33180

City/State and Zip Code

salonash@atlanticbb.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALOMON NASH

305

935-3885

Name of Person

at (_____) _____
Area Code

Daytime 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TURNBERRY19495, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/10/2011 and assigned
Florida document number L11000068107.

This amendment is submitted to amend the following:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered 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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS NASH IRREVOCABLE	21117 NE 33RD AVE.	<input type="checkbox"/> Add
	TRUST U/A 5/19/04	AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SALOMON NASH	20900 NE 30TH AVE. STE 1003	<input checked="" type="checkbox"/> Add
		AVENTURA, FL. 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SARANA IRREVOCABLE TRUST	21117 NE 3RD AVE.	<input type="checkbox"/> Add
	U/A 5/19/04	AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2015 MAY 22 AM 11:28
HALL COUNTY CLERK
HALL COUNTY FLORIDA

2005 MAY 22
MAY 22
MAY 22

FILED
2015 MAY 22 AM 11:02
CLERK OF DISTRICT COURT
JULIA HANSEN, CLERK
Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY, 18, 2015

SALOMON NASH

Filing Fee: \$25.00