## L1200062009

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12 JUN 20 AM II: 19

SECRED ARY OF STATE
ATTAINANCE FOR DRING

## **COVER LETTER**

TO:	Registration in Division of Co					
SUBJI	ECT:		use Turnberry, LLC			
	Name of Limited Liability Company					
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Picase	return all corresp	condence concerning this matte	r to the following:			
			Ross Zalkind			
			Name of Person			
R			senfield & Zalkind, P.L.			
			Firm/Company	<del></del>		
		4604	Shoridan Street Ste 200			
4601 Sheridan Street, Ste 200						
			Hollywood, FL 33021 City/State and Zip Code			
		E-mail address: (	d@globalamericatitle.com	ication)		
For furt	her information	concerning this matter, please of	rati:			
	F	Ross Zalkind	at ( 954 )	620-1100		
	Name	of Person	at ( 954 ) 620-1100  Area Code & Daytime Telephone Number			
Enclose	ed is a check for t	the following amount:				
<b>[7] \$</b> 25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee,   Certificate of Status &   Certified Copy   (additional copy is enclosed)		
	Regist	.ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

## ARTICLES OF AMENDMENT 12 JUN 20 AM 11: 19 ARTICLES OF ORGANIZATIONE CRETARY OF STATE TALLAHASSEE, ELORIDA

Flor	ida House	Furnberry, LL	С	
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	nv as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were fi			05/08/2012	and assigned
Florida document numberL12000062				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company ber	<u>c</u> ;	
The new name must be distinguishable and end wit "L.L.C."	n the words "Limi	ited Liability Compa	ny." the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:		3363 NE 163 Street,		
(Principal office address MUST BE A STREET ADDRESS)		Ste 708		
		North Miami 8	Beach, FI 33160	
Enter new mailing address, if applicable:		3363 NE 163	Street,	
(Mailing address MAY BE A POST OFFICE BOX)		Ste 708		
		North Miami Beach, Fl 33160		
B. If amending the registered agent and/oregistered agent and/or the new registered of			ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Mikhael E. I	Keifitz, Esq.		
New Registered Office Address:	3363 NE 16	3 Street, Ste 70		
			er Florida street add	
	North	Miami Beach	, Florida	33160
		Cíņ		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 configuration that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Guinivere Invest & Finance $Cog P_c$	P.O. BOX 146, ROAD TOWN TORTOLA, VG	Add Remove			
MGR_	Alexander Bobovnikov	3363 NE 163 Street. Ste 708 North Miami-Beach, FL 33160	☑ Add ☐ Remove			
			Add Remove			
***************************************			Add Remove			
	works and control to the control to		Add Remove			
49-4			Add Remove			
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILED  12 JUN 20 AM II: 19  SECKETARY OF STATE SECKETARSSEE, FLORIDA			
 Dated		012				
	Signature of a member	of authorized representative of a member  Milchael E. Kei  or printed name of signee	44			
	. A transmit to the contract of the contract o					

Page 2 of 2

Filing Fee: S25.00