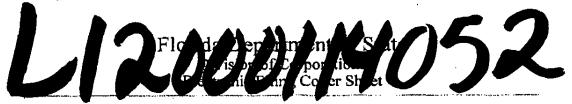
Division of Corporations

Page 1 of 1



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(((H12000267051 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091

: (305)858-9900 ber : (305)285-0015 Fax Number

**Enter the email address for this business entity to be used for future;
annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **TURNBERRY 9F LLC**

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

D. BRUCE

NOV 0 9 2012

EXAMINER

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COVER LETTER

TO:

Registration Section

Division of Corporations ---

CIID IECT.

TURNBERRY 9F 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:

YILAN RIVERO

Name of Person

RICHARDS & ASSOCIATES, P.A.

Finn/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703

Address

MIAMI, FLORIDA 33133

City/State and Zip Code

EDIAZ@RICHARDS-LAW.COM

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

For further information concerning this matter, please call:

YILAN RIVERO

,,305,858-9900

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

C1\$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
Tallabassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 12 NOV -8 AM II:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURNSERRY 9F LLC	<u> </u>	
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on September 5, 2012	and assigned
Florida document number L12000114052		
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 end with the words "L.L.C."	Limited Liability Company," the designation	∀ .0 -
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(S)</u>	FI OV -8 AHAS
		# T. 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		OR ::
		Om -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
,	, Florida _	Zip Code
	City	zip Coae

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 608, 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.

MGR = Manager

MGRM = Managing Member

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:

Type of Action Address Title Name LINDA ACHAR 2665 SOUTH BAYSHORE DRIVE **MGR SUITE 703** MIAMI, FLORIDA 33133 SALOMON ACHAR 2665 SOUTH BAYSHORE DRIVE MGR **SUITE 703** Remove MIAMI, FLORIDA 33133 Remove Remove . Remove

D. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
-	
Dated NOVEMBER 6	2012
20	noted Tulant
Signature of Timothy D. Richards	a member or authorized representative of a member Director of Member
Timothy D. Richards	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

APPROVED AND