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JALLAHASSEE FLORIDA

## COVER LETTER .

Division of Corporations		
SUBJECT: UNITPH 221 THE PARC AT TURNBERRY Name of Limited Liability Company	1	L C
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
WILLIAM H ALBORNOZ  Name of Person		
WILLIAM H. ALBORNOZ, P.A.		
901 PONCE de LEON BLUD #603		
CORAL GABLES, FL. 33134 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	<u></u>	
WILLIAM A. ALBORNOZ at (305) 444-1741  Name of Person Area Code & Daytime Telephone Number	AUG I	dangaa 2 § reenema 5250.38
Enclosed is a check for the following amount:	AM IO: 4	
\$25.00 Filing Fee Certificate of Status  Certified Copy  (additional copy is enclosed)	<u>+</u>	

#### MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited Liability Company were filed on 07-08-3013 and assigned Florida document number L1300096731

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

\[ \int \int \int \int \]

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HERBERT JORDAN	901 PONCE de Leon Blu 501 TE 603 CORAL GARRES, FI. 33,34	Add Remove
MGE.	Ayel J. Joedan	90, Pouce de Leon Bluc SUITE 603 CORAL GABLES, FI 3313	Add Remove
		Ø.	Add  Add  Remove
	·		HASSEE, FLORIDA
	<u>,</u>		Add
			Add

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20Ne 13, 2013.	
william Colban	$\sqrt{}$
Signature of a member or authorized representative of a member	er

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORID