

213 000 096731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

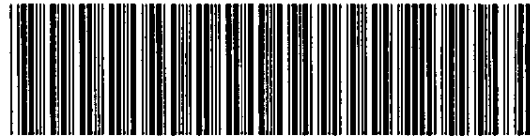
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400250069884

08/14/13--01029--024 **25.00

FILED
13 AUG 14 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIT PH 221 THE PARC AT TURNBERRY 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:

WILLIAM H. ALBORNOZ
Name of Person

WILLIAM H. ALBORNOZ, P.A.
Firm/Company

901 Ponce de Leon Blvd #603
Address

CORAL GABLES, FL. 33134
City/State and Zip Code

MARTA@ALBOLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM H. ALBORNOZ at (305) 444-1741
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 14 AM 10:41

FILED

UNIT PH 221 THE PARC AT TURNBERRY LLC
(Name of the Limited Liability Company as it now appears on our records)

Page 1 of 3

SECRETARY OF STATE
WASHINGTON, D.C. 20520
13 AUG 14 AM 10:51
TALLAHASSEE, FLORIDA
name of new

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HERBERT JORDAN	901 Ponce de Leon Blvd. SUITE 603 CORAL GABLES, FL. 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR.	AXEL J. JORDAN	901 Ponce de Leon Blvd SUITE 603 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
12 AUG 14 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 13, 2013.

William H. Albarran
Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 AUG 14 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA