Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name ; ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076 : (305)388-7029 Fax Number : (305)479-2705

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

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TURNBERRY WAY 28 LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FALLAHASSEE, FLORID.

Zip Code

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	TORINDERRI					
(Name of the Limi	(A Florida Limited	inv as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited L. Florida document numberL14000015197	iability Company	were filed on	01/28/2014	and assigned		
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company her	<u>e</u> :			
N/A		_				
he new name must be distinguishable and contain the v	words "Limited Liabi	lity Company." the des	ignation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18851 NE 29 AVE SUITE 104A				
		Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18851 NE 29 AV	E	
SUITE 104A						
AVENTURA, FL 33180						
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	GASTON SCH	<u>e</u> :	our records, <u>enter</u>	the name of the		
New Registered Office Address:			la street address			
	AVENTURA		, Florida ³³	180		

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

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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.

City

J SCHURS (D LE 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

Title	<u>Name</u>	Address	Type of Action
MGR	TIM SUAZO	13501 SW 128TH ST SUITE 202	Add
		MIAMI, FL 33186	■ Rcmove
			☐ Change
MGR	GASTON SCHNEIDER	18851 NE 29 AVE - SUTTE 104A	Add
		AVENTURA, FL 33180	Remove
			Change
	<u></u>		D Add
			Permove Change
		<u> </u>	Add P. T. Gremow
			Change
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record The 90	i specifies a c th day after	ielayed ef the record	fective of is filed.	late, but	not an	effective	time, at 1	2:01 a.m	ı. on the	e ar lier of
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