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COVER LETTER

ΤΟ;	Registration Section Division of Corporations
SUBJ	KK TURNBERRY, LL

Name of Limited Llability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR GRISALES RACINI Name of Person GRSH LAW Firm/Company 20801 BISCAYNE BLVD #306 Address

AVENTURA, FL 33180

City/State and Zip Code

OGRISALES@GRSHLAW.COM

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

For further information concerning this matter, please call:

SCAR GRISALES

Name of Person

at (305) 7920439 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 Cupy (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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KK TURNBERRY, LLC	
(Name of the Limited)	Lindity Company as it now appears on our records.) Florida Lindical Linditty Company)
The Articles of Organization for this Limited Liab Florida document number L14000047961	ility Company were filed on 03/21/2014 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new more must be distinguishable and end with the wor	ets "Limited Lighting Campany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	222
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida stress address
	, Florida
	City Zip Cock
New Registered Agent's Signature, if chauging Reg	istered 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New	Recistered Weent	20	
Page 1 of 3	SECRETARY OF STATE ALLAHASSEE, FLORIDA	14 MAY -2 AM 7:57	FILED

if amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

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<u>Title</u> MGR	<u>Name</u> KUPSIN, DANIEL	<u>Address</u> 16047 COLLINS AVE., APT. #2203	Type of Action
		SUNNY ISLES BEACH, FL 33160	LI Add
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D. If amending any other information, enter change(s) here: (Aturch additional sheets, (fnecessary.)

E. Effective date, if other than the date of filing: _________(optional (The effective date must be specific, cannot be prior (reduce of receipt or filed date and cannot be more date 90 days after the date this document is filed by the Florida Deputment of State) (optional) Dated APRIL 22 2014 ۲Ĉ Signature of member or anthorized representative of a member SOFIA KUPSIN Typed or printed nume of signee

Page 3 of 3 Filing Fcc: \$25.00

FILED 2014 MAY -2 AM 7: 57 SECRETARY OF STATE TALLAHASSEE, FLORID

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