

L13000019603
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TURNBERRY ASSOCIATES
Account Number : I19990000201
Phone : (305)914-8204 **937-6262**
Fax Number : (305)682-4109 **932-6389**

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

Email Address: corporate.records@turnberry.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EM MAPLE LEAF INVESTMENTS LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS

16 DEC 16 AM 11:24

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**O SIMMONS
DEC 19 2016**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H16000307796 3

EM MAPLE LEAF INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/02/2015 and assigned
Florida document number L15000019603

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

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 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.

If Changing Registered Agent, Signature of New Registered Agent

12-15-16:02:31PM;

3/ 4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H16000307796 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Z. Kurry	19950 W. Country Club Dr, 10 FL	<input type="checkbox"/> Add
		Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marlo A. Romine	19950 W. Country Club Dr, 10 FL	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H16000307796 3

4 / 4

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2011 PM 11:25 AM 11:25

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Dated December 15, 2018

Signature of a member or authorized representative of a member

Mario A. Romine
Typed or printed name of signer