L230003391433

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COVER LETTER

Turquoise Mountain Auctioneers LLC SUBJECT: __ 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: Robert B. Segal Name of Person Turquoise Mountain Auctioneers LLC Firm/Company 2323 NW Padova Street Address Port St Lucie, FL 34986 City/State and Zip Code RBSegal@SEGALandCo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert B Segal Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & **\$60.00** Filing Fee, □ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turquoise Mountain Auctioneers LLC

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

1.1.1.1.8.2022

The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L23000339433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L1.C" or the	abbreviation "L.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 agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street address	
	, Florida _	Zip Code
	Спу	zip Couc

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR/N	Robert B Segal	382 NE 191st Street #955452	■Add
		Miami, FL 33179	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated February 8, 2024 Signature of a member or authorized representative of a member Robert B Segal Typed or printed name of signee

Filing Fee: \$25.00

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000339433

Entity Name: TURQUOISE MOUNTAIN AUCTIONEERS LLC

FILED Feb 08, 2024 **Secretary of State** 6352496067CC

Current Principal Place of Business:

382 NE 191ST ST #955452 MIAMI, FL 33179

Current Mailing Address:

382 NE 191ST ST #955452 MIAMI, FL 33179 US

FEI Number: 93-2453502 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

AMBR

Title

AUTHORIZED MEMBER/MANAGER

Name

CHASE, MARY R

Name

SEGAL, ROBERT BORUCH COL

Address

382 NE 191ST ST #955452

Address

382 NE 191ST ST #955452

City-State-Zip: MIAMI FL 33179

City-State-Zip: MIAMI FL 33179

Liberably certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT B SEGAL

AUTHORIZED MEMBER/MANAGER 02/08/2024