

105000002194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

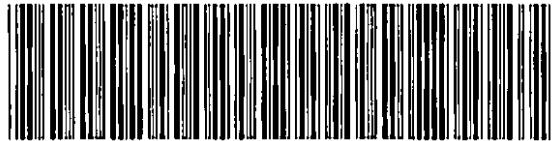
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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11/02/20--01028--002 **25.00

FILED
2021 JAN 25 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FL

O SIMMONS
JAN 26 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2020

MARIO ROMINE
19501 BISCAYNE BLVD
STE 400
AVENTURA, FL 33180

SUBJECT: TURNBERRY RETAIL SUBSIDIARY GP, LLC
Ref. Number: M05000002194

We have received your document for TURNBERRY RETAIL SUBSIDIARY GP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00024864

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TURNBERRY RETAIL SUBSIDIARY GP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO ROMINE

Name of Person

TURNBERRY ASSOCIATES

Firm/Company

19501 BISCAYNE BLVD., SUITE 400

Address

Aventura, FL 33180

City/State and Zip Code

CORPORATERECORDS@TURNBERRY.COM

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

For further information concerning this matter, please call:

Mario Romine

Name of Person

at (305) 933-5583

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

2021 JAN 25 PM 12:56

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TURNBERRY RETAIL SUBSIDIARY GP, LLC

Enter new principal office 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

2. The Florida document number of this limited liability company is: M05000002194

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/27/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

FILED

8. If the amendment changes person, title or capacity in accordance with (6) or (7), indicate the change:

603219 JAN 12 5 in April 12th 5 6

Title/ Capacity

Name

Address

Type of Action

MGRM

Turnberry Retail Developers, L.P.

19501 Biscayne Boulevard, Suite 400

☐ Add

Aventura, FL 33180

☒ Remove

MGR

JACQUELYN SOFFER

19501 Biscayne Boulevard, Suite 400

ix Add

Aventura, FL 33180

☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Mario Romine, as Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00