## P15 LCDO 15632

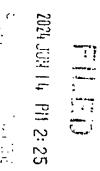
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION: GREEN LABEL T	URF INC.	
	UMBER: P15000015632		
	icles of Amendment and fee are sub	bmitted for filing.	
Please return all o	correspondence concerning this mat	tter to the following:	
	EUGENE SAUNDERS		
		Name of Contact Persor	1
	SAUNDERS ACCOUNTING	FIRM	
	····	Firm/ Company	
	9990 SW 77 Avenue Suite 20	23	
		Address	
	Miami, Florida 33156		
		City/ State and Zip Code	
	geno@gsaservices.net		
	E-mail address: (to be us	ed for future annual report	notification)
For further inforr	nation concerning this matter, pleas	se call:	
EUGENE SAUN	IDERS	at ( <u>305</u>	5957783
N	ame of Contact Person	Area Co	5957783 de & Daytime Telephone Number
Enclosed is a che	ck for the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fo	ee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## **Articles of Amendment** Articles of Incorporation

of

GREEN LABEL TURF INC.	
(Name of Corporation as of	currently filed with the Florida Dept. of State)
P15000015632	2024 JUN 14 PM 2: 26
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
	lorida street address)
10 n 10 n 11	rs. 11
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature o	of New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	JOSE A. VARONA	1787 NW 79 Avenue.
X Add			Miami, Florida 33126
Remove			
2) Change	D	PAULINA VARONA	1787 NW 79 Avenue
X Add			Miami, Florida 33126
Remove 3 ) Change	D	ANTHONY JOSEPH VARONA	1787 NW 79 Avenue
X Add	<del></del> -		Miami, Florida 33126
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	ticles, enter chan (Be specific)	<del></del>		
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		•	<del></del>		
If an amendment pi	rovides for an exc	hange, reclassific	ation, or cancell	ation of issued sh	ares.
provisions for impl	lementing the am	endment if not co	ontained in the ar	mendment itself:	<u> </u>
(іј пот аррисав	le, indicate N/A)				
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		<del> </del>			
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Ç		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
must be separately provided fo	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
June 7, 20 Dated Signature	PotCa	
select	director, president or other officer – if directors or officers have n ed, by an incorporator – if in the hands of a receiver, trustee, or of nted fiduciary by that fiduciary)	
	Patricia Varona	
	(Typed or printed name of person signing)	····
	President	
	(Title of person signing)	