## 117000213936

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 460558 4301463 AUTHORIZATION COST LIMIT ORDER DATE: October 25, 2018 ORDER TIME : 11:02 AM ORDER NO. : 460558-010 CUSTOMER NO: 4301463 DOMESTIC AMENDMENT FILING NAME: LTG SPORTS TURF ONE LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT \_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XXX PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LTG SPORTS TUR (Name of the Idmited Limbbi)	(F ONE LLC 15 Company as it now appears on our records.) 11 inneed Labelity Company)	
The Articles of Organization for this Limited Liability C Florida document number L17000213936		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	dited liability company here:	
SPORTS TURF ONE, LLC  The new name must be distinguishable and contain the words "Lin		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF STALL AHASSEE
B. If amending the registered agent and/or regressered agent and/or the new registered office ad	istered office address on our records, enter	TALE 43
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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

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> </u>	Name	Address	Type of Action
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If amanding any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)	
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C. Effective date, If other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filling: (optional)  It be specific and cunnot be prior to date of filing or more than 90 days after filing.) Pursuant to ock does not meet the applicable statutory filling requirements, this date will not be epartment of State's records.	605.0207 (3 listed as th
f the record specifies a delayed b) The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the early is filed.	adler of:
Dated September 18	2018	
Maico_		
_///	Signature of a member or authorized representative of a member	_
/	wighter and the	
Michael Ryan	Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00