

**L080000064312**

\_\_\_\_\_  
(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:

**JAN 14 2013**

**L. SELLERS**

Office Use Only



**100242285111**

12/17/12--01020--003 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 11 AM 1:18

**FILED**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRECISION TURF CARE  
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:

TIMOTHY E CURTIS  
Name of Person

PRECISION TURF CARE  
Firm/Company

1828 OSPREY LN  
Address

LUTZ, FL 33549  
City/State and Zip Code

tenbrooks1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Curtis at (517) 937-8882  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2012

TIMOTHY CURTIS  
1828 OSPREY LANE  
LUTZ, FL 33549

SUBJECT: PRECISION TURF CARE, LLC  
Ref. Number: L08000061312

We have received your document for PRECISION TURF CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 912A00030082

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

PRECISION TURF CARE, 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 6/21/2008 and assigned Florida document number L08000061312

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" 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 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:

BRIAN C GUMPER

New Registered Office Address:

21032 STATE RD 54 LOT 229

Enter Florida street address

LUTZ

City

Florida

Zip Code 33541

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 608, 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.

Brian C Gumper  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|--------------|-------------------|---|
| MGRM         | BRIAN GUMPER | 21632 STATE RD 54 | <input checked="" type="checkbox"/> Add |
|              |              | LOT 229           | <input type="checkbox"/> Remove         |
|              |              | LUTZ, FL 33549    |   |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   |   |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   |   |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   |   |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   |   |
|              |              |                   | <input type="checkbox"/> Add            |
|              |              |                   | <input type="checkbox"/> Remove         |
|              |              |                   |   |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

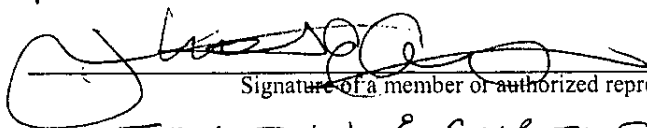
---

---

---

---

Dated 11/3/13



Signature of a member or authorized representative of a member

TIMOTHY E CURTIS

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**