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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561) 455-9885

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

QUALITY CUT LAWNS, LLC

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SECRETARY OF STATE

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T. HAMPTON

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MAY -1 2009

EXAMINER

4090001093023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY CUT LAWNS, LLC (Name of the Limited Limbility	Company as it now appears of Limited Liability Company)	our records.)		
(A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability C	Company were filed on 01/21/2	009 and assig	ned	
Florida document number L09000006583				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
HD TURF, LLC				
The new name must be distinguishable and end with the would be used to be use	rds "Limited Liability Company,"	' the designation "LLC" or the ab	brevia	ition
Enter new principal offices address, if applicable:	·		<u>.</u>	-N-
(Principal office address MUST BE A STREET ADD)	RESS)		<b>.</b>	<u>18</u>
			PR	_ <del>2</del> #
	****		မ	유로그
Enter new mailing address, if applicable:			_	7,520 1,520 1,520
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(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<del>⇔</del>	STA STA
•			<b>₽</b> -	<u>-</u> ₽₹
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of	the	inew
Name of New Registered Agent:			<del></del>	_
New Registered Office Address:				_
	(Enter	(Enter Florida street address)		
	, Florida			
. —	(City)	(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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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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>	Name	Address	Type of Action
MGRM	JOSH DOWNING	9960 ARNOLD RD. JACKSONVILLE, FL 32246	Add Remove
	<del></del>		Add Remove
<del>_</del>			Add Remove
<del></del>			Add Remove
			Add Remove
			SECRETARY OF CORDIVISION OF CORDIVIS
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.,	APR 30 AN
٠		•	CORPORATIONS O AM 8: 26
Dated APRIL	29TH , :	2009 .	_
	JEREMY HURSE	meniber of authorized representative of a member	
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	

Page 2 of 2