109000006583

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JUN 1 0 2014

T RROWN

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT. HD To	arf, LLC		
SUBJ	ECI:		ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Jeremy Hurs	se	
			Name of Person	
		HD Turf, LL0		
			Firm/Company	
		3469 Morga	n Lake Court	
			Address	
		Jacksonville	, FL 32216	
			City/State and Zip Code	.
		service@hdturfpro	pperties.com to be used for future annual repo	wt watification)
			•	ri notification)
For fu	rther information co	ncerning this matter, please ca		
Je	remy Hur	se	_{at} 904 ₎ 708	3-2187
-	Name of	Person	Area Code D	aytime Telephone Number
Enclos	sed is a check for the	e following amount:		
■ \$2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

 $c_{i+1} = c_{i+1} + c_{i+1} + \cdots + c_{i+1} + \cdots + c_{i+1} = c_{i+1} + \cdots + c_{i$

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

April 24, 2014

JEREMY HURSE HD TURF, LLC 3469 MORGAN LAKE COURT JACKSONVILLE, FL 32216

SUBJECT: HD TURF, LLC Ref. Number: L09000006583

We have received your document for , however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00008831

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON 14 JUN 9 PM 3:07

On our records.)

On our records.)

HD Turf, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	• • •	ON IDA
The Articles of Organization for this Limited Liability	Company were filed on 01/21/09	and assigned
Florida document number L0900006583		U
riorida document fidinoci	 ;	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or reg		enter the name of the ne
registered agent and/or the new registered office ac	idress nere:	
N. O. D. C. D. C.		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager	nt and agree to act in this capacity. I furi	ther agree to comply with th
provisions of all statutes relative to the proper and	complete performance of my duties, and	d 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

MGR = Manager AMBR = Authorized Member **Title Type of Action** <u>Name</u> **Address** 3716 Timucua Trail Joseph Sykes MGRM ■ Add Jacksonville, FL 32277 _□ Add _□ Add _□ Remove □ Add _□ Remove

<u> </u>		
ective date, if other to	than the date of filing:	(optional) t be more than 90 days after
effective date must be spe date this document is filed	cific, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	(optional) t be more than 90 days after
effective date must be spe date this document is filed	cific, cannot be prior to date of receipt or filed date and canno	(optional) t be more than 90 days after
effective date must be spe date this document is filed	cific, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	(optional) t be more than 90 days after
effective date must be spe	cific, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	(optional) t be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00