## LIDOCOCSIEZLEI

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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Sec Division of Corp			e			
SUBJ	ECT:	Specialty 1	Turf Services LLC				
Name of Limited Liability Company							
		Amendment and fee(s) are sub	<u>-</u>				
			Steven A. Sprague				
			Name of Person				
		Spe	Specialty Turf Services LLC				
		Firm/Company					
		5057 Lofty Pines Circle East					
			Address				
		Jac	Jacksonville, Florida 32210				
			City/State and Zip Code				
NEF		NEFI	oridaLawn@hotmail.com				
		E-mail address: (to be used for future annual report notification)					
For fu	rther information co	oncerning this matter, please o	all:				
	Steve	en A. Sprague	at ( 904 )	759-1744			
Name of Person			ne Telephone Number				
	ed is a check for the	e following amount:  \$\sum{30.00}\$ Filing Fee &  Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &			
			(additional copy is enclose	(additional copy is enclosed)			
MAILING ADDRESS: Registration Section		STREET/COUR Registration Secti					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Specia	alty Turf Services L	.LC	
(Name of the Limited Liab (A Flori	ility Company as it now ap	pears on our records.)	
(A FIGH	da Emmed Emonny Compa	ну )	
The Articles of Organization for this Limited Liabilit	y Company were filed on	04/05/2010	and assigned
Florida document numberL10000036261		•	<del>-</del>
Tiorida document number	·		
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the l	limited liability company	here:	
Specialty Tur	f & Estate Preservation	ons LLC	
The new name must be distinguishable and end with the			LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			·
Enter new mailing address, if applicable:			
	•		
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		<del></del>
B. If amending the registered agent and/or re-	gistered office address	on our records, enter th	e name of the new
registered agent and/or the new registered office a		on our records, enter to	
			ASE ==
Name of New Registered Agent:		1	Egg & m
New Registered Office Address:		Enter Florida street addr	
		12/11er From tad street dading	THE R
		, Florida	<u> </u>
	City		Come
New Registered Agent's Signature, if changing Register	ered Agent:	;	<b>-</b>
I handly accept the approintment as positioned asset		in annumeite. I Guston annu	a da a a a un de la calada
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper	ni ana agree to act in th and complete performa	is capacity. I furiner agre nce of my duties, and I ar	e to comply with n familiar with and
accept the obligations of my position as registered			
being filed to merely reflect a change in the regist	ered office address, I he		
company has been notified in writing of this change	ge.		

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<del> </del>		Add Remove
			Add Remove
D. If amen	nding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
 _			<del></del>
	November 11th	,	<del>-</del>
	Steven a. Signature of a	Smanner a member or authorized representative of a member	·
		Steven A. Sprague Typed or printed name of signee	

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Filing Fee: \$25.00