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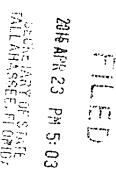
s Name)
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K.SALY EXAMINER MAY - 42015

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	TURF LLC	ed Liability Company	
	Nume of Emple	ed Diability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	sitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	FRANK	PAYTON Nome of Barren	
		Name of Person	
		Firm/Company	
	15 CYA	PRESS VIEW TA	<u>ó</u>
	 	Address	
	OR MONT	BEACH, F1 32	174
	Spayto	City/State and Zip Code ON B AOL COM be used for future annual report notice	
	E-mail address: (to	be used for future annual report notif	fication)
For further information of	concerning this matter, please call		
FRAN	IK PAYTON	at (386) 677- Area Code Daytim	2707
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

	U	T		" AFR 23
<u></u>	F UC		ı	TALLAHASSEE, FLORI
(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears Liability Company)	on our records.)	SEE, FLORE
The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on	•	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liabi	lity Company," the de	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	149 0	LEWIS \$7	32141
(Principal office address MUST BE A STREET	ADDRESS)	EDGE	WATER, FI	32141
				· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		149 6	EWIS ST	- -1 32/41 -com>
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	EDGE	WATER, A	1 32/41
		<<)oer	rowegmail	COM>
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:	CHAP	ries J.	HUGHES ST	<u>; </u>
New Registered Office Address:	149	E EW13	ST a street address	
	EDGE			32.141
	2000	City	, riorida _	32141 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.

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANK PAYTON	15 CYPRESS VIEW TR ORMOND BEACH, FL 3217	Add
		ORMOND BEACH, FL 3217	7 10 Remove
MGR	CHARLES J. HUGHES	199 LEWIS ST	t Add
		EDGEWATER, FL 32141 (386)383-660000 (386)663-	Remove
		< cjænowagnail.com>	
·			Add
			□ Remove
		2	
<u></u>			e Add PA
			Remove.
			- Er - W
			_□ Add
			_□ Remove
			_
			_□ Add
			_□ Remove

f amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
	ate, if other than the date of filing:
Dated W	1. April 2015.
_	Charles J. Hughes CHARLES J. Hughes
_	Signature of a member or authorized representative of a member
	Signature of a minimer of authorized representative of a member
_	CHARLES J. HUGHES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00