		AAU CYBER CAMPUS AAU CYBER CAMPUS AAU CYBER CAMPUS Florida Department of State Division of Corporations Electronic Filing Cover Sheet
	ſ	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
		(((H14000078503 3)))
	F	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
		To: Division of Corporations Fax Number : (850)617-6383
		From: Account Name : RITTER, ZARETSKY,LIEBER & JAIME, LLP Account Number : I20010000015 Phone : (305)372-0933 Fax Number : (305)704-8111
	Ent	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: Vivian @Malaw. Com
RECEIVED 14 APR - 2 AM 10: 48	SECRETATION STATE TALLAHASSEE, FLORIDAT	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EASY TURF BLOCK, LLC

Electronic Filing Menu

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Apr. 2. 2014 7:51AM AAU CYBER CAMPUS ARTICLES OF A TC ARTICLES OF OI ARTICLES OF OI) RGANIZATION
OF Easy Turf Block, LLC	
(Name of the Limited Liability Company (A Florida Limited Lin	' <u>as it now appears on our records.</u>) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000075902</u> .	ere filed on 5/24/13 and assigned
This amendment is submitted to amend the following:	4
A. If amending name, <u>enter the new name of the limited liability</u> Easy Grass Block, LLC	<u>[y company here</u> :
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	AS 1
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EPP AR ITT
· · · · · · · · · · · · · · · · · · ·	

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:		
New Registered Office Address:	Enter Florida street address	<u>. </u>
	, Florid	la
	Ciŋ.	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.

If Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 3

Apr. 2. 2014 7:51AM AAU CYBER CAMPUS No. 1427 P. 3 If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR - Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			C Remove
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		<u></u>	······
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			D Add
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<u></u> ,			O Add
			C Remove

Apr. 2. 2014 7:51AM AAU CYBER CAMPUS No. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).	1427 P. 4
E. Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated / / / / / / / / / / / / / / / /	
Signature of a method of a method. Vivian A. Jaime, Esq. Julhorized Representative of a method of a method of a method. Typed or printed name of signee	five

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Page 3 of 3 Filing Fee: \$25.00