L13000116994

(Re	equestor's Name)	
. (Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	me)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Amend		

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SECRETARY OF STATE
ALLAHASSEE FLOOR

T. Burch QCI 16 2013.

COVER LETTER

TO: Registration Section
Division of Corporations

Just Ocala Sod LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Wolfe

Name of Person

Ocala Sod LLC

Firm/Company

5345 N US Hwy 441

Address

Ocala, FL 34475

City/State and Zip Code

Ocalasod@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Wolfe

_{2,7}352\509-3322

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 OF

Ocala Sod LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reimited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L13000116994</u>	ompany were filed on 08/16/13	and assigned
This amendment is submitted to amend the following:	_·	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>
Enter new mailing address, if applicable:		ASSEE ASSEE
(Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>
	···	12: 46 0RBA
B. If amending the registered agent and/or registered agent and/or the new registered office addr		- -
	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	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

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
MGR	Sherman L Smith	5345 N US Hwy 441	\ \ \ \ \
		Ocala, FL 34475	Remove
MGRM	Sherman L Smith /	5345 N US Hwy 441	Add
		Ocala, FL 34475	Remove
MGR	Gregg Griffith /	5345 N US Hwy 441	ILE DA
		Ocala, FL 34475	Remove
MGRM	Gregg Griffith	5345 N US Hwy 441	Add
		Ocala, FL 34475	Remove
MGRM	Kimberly Wolfe	5345 N US Hwy 441	Add
		Ocala, FL 34475	Remove
MGR	Kimberly Wolfe	5345 N US Hwy 441	
		Ocala, FL 34475	Remove

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Filing Fee: \$25.00

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SECRETARY OF STATE