# 113/10/12/1587

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	,
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

SUBJECT: Class		Turf LLC	<u>-</u>	
•	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Ellis Bro			
	•	Name of Person		
	Classic Sp	orts Turt, L	LC	
		Firm/Company		
	6525 SW	Gator Traul		
		Address		
	Palm City,	FI. 34990	<del></del>	• •
	Sherie a clo	City/State and Zip Code SSICSPORTSTURF	NEDES ALL AND SECRE	
	E-mail address: (	to be used for future annual repor	t notification)	
For further information con-	cerning this matter, please ea	all:	SEE.	
Sherie Br	own	at (_772)37(	5-0448 ES	ਹ ਨ੍ਹ
Name of P	erson	Area Code Da	aytime Telephone Number	0
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)	Certified	e of Status &

Registration Section

Division of Corporations.

TO:

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

Company as it now appears on our records.)
imited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8 - 38 - 13and assigned Florida document number L13000121587 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Bill Horner	1198 LAttmore Dr.	Add
		Claremount, F1.34711	Remove
			Change
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ctive date, if other than the effective date is listed, the date in			te of filing or more		ional) er filing.)	Pursuant to 605.0
: If the date inserted in this	block does not mee	et the applicable				
ment's effective date on the	Department of Stat	e s records.				
ecord specifies a delay	ed effective dat	e, hut not an	effective tin	ne. at 12:01	a.m. d	on the earlier
e 90th day after the re		ic, but not un	CITCCCIVC CIT	10, 40 12.01	<b>4</b> ,	on the carner
a <u>Sept. 25</u>		<u> 3015                                    </u>				
Ellis						
	1 / 1 / 1 / 1					

Page 3 of 3

Filing Fee: \$25.00