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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Real Turf So Name of Limited I	Liability Company
The enclosed Articles of Amendment and fee(s) are submitte	ed for filling.
Please return all correspondence concerning this matter to th	e following:
David	Name of Person
Diversified A	Ecoloting + Taxo LLC Firm Company
PO Box	130948 Address
T.	Address 7.21 XXI
- /am	x PL 33681 ty/State and Zip Code
dnailcpa	ty/State and Zip Code Commonl. Com used for Atture annual report notification)
For further information concerning this matter, please call:	used for Atture annual report notification)
· · · · · · · · · · · · · · · · · · ·	212 210 22111
Name of Person	at (813) 368 · 2264 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION (D The Articles of Organization for this Limited Liability Company were filed on Florida document number L 14 000111 200 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 aud/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Cin.

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, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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(If an effective date Note: If the dat	, if other than the date of filing:	ant to 605.0207 (3 ot be listed as th
he record specifie ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated	1ay23 , 2003.	

Filing Fee: \$25.00