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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(De	ocument Number)	1
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

		istration Sect sion of Corp		m • y • y	` <b>♥</b> <b>*</b>
SUBJEC	ъ.	Walsh AgriT	urf, LLC	•	
SUBJEC	/li		Name of Limi	ited Liability Company	
The enclo	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ret	turn	all correspond	dence concerning this matter	to the following:	
			Richard A. Walsh		
				Name of Person	
			Walsh AgriTurf, LLC		
				Firm/Company	
			815 Cascade Avenue		
				Address	<del></del>
			Leesburg, FL 34748		
			WalshAgriTurf@gmail.com	City/State and Zip Code	
				to be used for future annual repo	rt notification)
For furthe	er in	formation cor	ncerning this matter, please ca	all:	
Richard A	A W	alsh		352 303-36	91
		Name of I	Person	Area Code D	aytime Telephone Number
Enclosed	is a	check for the	following amount:		
\$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walsh AgriTurf, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on July 2, 2015	and assigned
lorida document number L15000114294	·	
his amendment is submitted to amend the follow	ing:	
a. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
	registered office address on our records,	enter the name of the
<u>egistered agent and/or the new registered offic</u>	<u>e address here</u> :	28.
		CALL CALL
Name of New Registered Agent:		33. 5
N. D. 1007 411		SE II
New Registered Office Address:	Enter Florida street address	
		(S) (D)
	, Flori	
	City	💬 🖅 😘 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

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
AMBR	Darrell C. Sellars	240 State Road 44	
		Leesburg, FL 34748	Remove
			Change
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			Remove
			Change
			Add
			□ Remove
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or mostee: If the date inserted in this block does not meet the applicable statutory filing nument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Purs requirements, this date will	suant to not be	605,02 listed :
record specifies a delayed effective date, but not an effective tine he some the fective time.	me, at 12:01 a.m. on t	he ea	ırlier
ed July 14 , 2015			
* 1/Y / . ////			

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Typed or printed name of signee

Filing Fee: \$25.00