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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : 120160000067 : (407)370-3686 Phone

Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Support @ lanconacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOCCER GRASS SPORT TURF LLC

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO:	Registration Sec Division of Cor	ction porations		
SUBJE		RASS SPORT TURF LLC		
3015		Name of Lim	ited Lisbility Company	
		Amendment and fee(s) are sub	-	
		CAROLINE G LARSON		
			Name of Person	
		LARSON ACCOUNTING	GROUP	
			Firm/Company	
		7901 KINGSPOINTE PK	WY STE 17	
			Address	· · · · · · · · · · · · · · · · · · ·
		ORLANDO, FL 32819		
		SUPPORT@LARSONACO	City/State and Zip Code	
		•	to be used for future annual report notifi	ication)
For furt	her information co	oncerning this matter, please co	all:	
CARO	LINE G LARSON	i	407 3703686 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$2 5	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (udditional copy is enclosed)

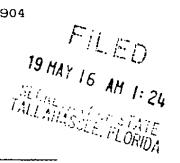
MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SOCCER	GRASS	S SPOR	T TUR	FILC
\mathbf{x}_{Λ}	UIII AS.	7 31 (/1)		

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number L15000139679	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
SOCCER GRASS SPORTS TURF LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation "L	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E			
B. If amending the registered agent and/or the new registered off	or registered of lice address here	fice address on our reco	rds, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida str eet od	dress
			Florida
		Ciņ	7.ip 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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MGR = Manager

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

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			
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☐ Change

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	E.	Effec	tive date, if other tha	n the date of filing	g:		(optional)	
		Note	flective date is listed. Die da	te must be specific and his block does not re	cannot be prior to date of it neet the applicable statute	HIDDE OF U	ore than 90 days after filing.) Purs ig requirements, this date will r	uant to 605,0207 (3)(b) not be listed as the
			ecord specifies a del e 90th day after the		ate, but not an effe	ctive I	time, at 12:01 a.m. on t	he earlier of:
		Dates	MAY 15		2019			
				Signature of a r	nember or authorized repre	sentative	of a member	
			NAPOLEAO NO	GUEIRA, MARA R	ITA DE CASSIA			
					Typed or printed name of	signee		

Page 3 of 3.

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