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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CELLO ELECTE	Enterprises, LLC			
		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dina Hampton			
		Name of Person		
	Elite Office Services of O	keechobee, LLC		
		Firm/Company		
	1210 SW 2nd Ave			
		Address		
	Okeechobee, FL 34974			
		City/State and Zip Code		
	dina@eliteofficeservicesllc			
	E-mail address:	(to be used for future annual report no	otification)	
For further information of	concerning this matter, please o	rall:		
Dina Hamton		863 467-5900 at ()		
Name o	f Person		me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	aution	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Turf Enterprises, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 1/1/2016	and assigned
Florida document number L15000213358		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		- 20
		1975 5
		3 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		02
The state of the s		
	·	
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	Ÿ.
	, Flo	orida
	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 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>	Name	Address	Type of Action
MGR	Domingo Castaneda	121 NE 60th Ave	
		Okeechobee, FL 34972	■Remove
		 -	
			□ Remove
			Change
			200□ Add
			APR PROVE
			APR 26 Remove SEC FLORIDA Add
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	he date of filing: _ nust be specific and car block does not mee	t the applicabl	late of filing or more e statutory filing r	than 90 days after equirements, this	filing.) Pursuant to	605.0207 (3)(listed as the
he record specifies a delayed effectord is filed.	tive date, but not an	effective time	, at 12:01 a.m. on	the earlier of: (b) The 90th day a	after the
Dated April 22		2021				
	- 					

Typed or printed name of signce