## 217000055147

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### **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations				
eun irz		LL SYNTHETIC TURF LLC.				
SUBJEC	. I : <u>,                                     </u>	Name of Limited Liability Company				
The enclo	osed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please re	turn all correspon	ndence concerning this matter t	o the following:			
		WILLIAM ROQUE				
		·	Name of Person			
			Firm/Company			
		4263 CAMBRIDGE ST				
			Address			
		LAKE WORTH FL 33461				
		WILLIAMROQUE1971@G	City/State and Zip Code GMAIL.COM			
		E-mail address: (t	o be used for future annual report noti	lication)		
For furth	er information c	oncerning this matter, please ca	ill:			
WILLIA	M ROQUE		561 201-9340 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	l is a check for th	ne following amount:				
<b>S</b> 25,	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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

(Name of the Limite	ed Liability Compa A Florida Limited I	ny as <mark>it now appears (</mark> Jiability Company)	on our records.)	
The Articles of Organization for this Limited Li		were filed on 03/09	9/2017	and assigned
Florida document number <u>L17000055147</u> This amendment is submitted to amend the follo				z;
A. If amending name, enter the new name of	the limited liab	ility company her	ē:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	4263 CAMBRIDO	GE ST		
(Principal office address MUST BE A STREET ADDRESS)		LAKE WORTH I	FL 33461	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4263 CAMBRIDG		
B. If amending the registered agent and/ registered agent and/or the new registered of	<u>fice address her</u>	<u>e</u> :	our records, <u>ent</u>	er the name of the
Name of New Registered Agent: WILLIAM ROQU				<u> </u>
New Registered Office Address:	4263 CAMBR		da street address	
	LAKE WORT		da street address, Florida	33461
	GARAS WORLS	• •	, Florida	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WILLIAM ROQUE	4263 CAMBRIDGE ST PALM SPRINGS FL 33461	
			□ Remove
			Change
MGR	ALEJANDRO RIZO	1660 LONE PINE WAY WEST PALM BEACH FL 33406	Add
			■ Remove
			Change
			☐ Remove
			Change
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(If an effect Note: If	Te date, if other than the date of filing entire date is listed, the date must be specific and of the date inserted in this block does not ment's effective date on the Department of States.	cannot be prior to date of fili eet the applicable statuto	(optional) ng or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be list	5.0207 (3 ted as th
	ord specifies a delayed effective da 90th day after the record is filed.	ate, but not an effec	tive time, at 12:01 a.m. on the earli	ier of:
Dated _	09-20	<u>2019</u> .		
		tell		
	Signature of a m	tember or authorized repres	entative of a member	

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Typed or printed name of signce

Filing Fee: \$25.00