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(Requestor's Name)	
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(Address)	300334-
(City/State/Zip/Phone #)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	the "T" LLC	·	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Casey	Moesching	
	·	Name of Person "T" LLC	
		Firm/Company)WhoUS-C ROad	
		Address	
	CASHU	City/State and Zip Code Turfscapes fl.	Cam
	E-mail addless: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please co	all:	
Casey Name of	NDESCHING Person	at (<u>352</u>) <u>280</u> Daytime	D330 Telephone Number
Enclosed is a check for the	following amount:		
\$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 Se Division of Co	ection	Street Address: Registration Sec Division of Corp	
P.O. Box 6327 Tallahassee, F	, ·	The Centre of T	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO THE "T" L	LC .	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	.
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000104435</u> .	y were filed on <u>05 10 201 </u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab TCONIC GREENS & TURF LLC The new name must be distinguishable and contain the words "Limited Liab		de ablancia i M. I. C."
Enter new principal offices address, if applicable:	omity Company, the designation EEC or	the appreviation (L.L.C.
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		z.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	a
	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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
		<u> </u>	☐ Change
			□∧dd
		***	□Remove
			☐ Change
	 		□Add
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			□Remove
			Change
			□Add
			□Remove
			□Change

Note: If t	date, if other than the date of filing:
the record spectral filed.	pecifies 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	November 2 2020
	November 2 2020 Casey Hudeschung Signature of a member or authorized representative of a member
	Construct a manhar or authorized of amountains of a manhar

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