# 117000139867

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ray Area Turfworks LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andru Beard Name of Person
Bay Area Turtwentes uc
871 ibis WCUK place N #2302
Saint Petersburg, F2 33716  City/State and Zip Code  turf, works flytida Cyahoo. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (865) 936-1130  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificate of Status & 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

(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000139867</u>	vere filed on 6/30/2017 Fandassigned T
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	Saint Peterbuy Fr 33716
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	'same as obve"
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	ren Beard
New Registered Office Address: 871	1015 Walk Place N#2302  Enter Florida street address
	Petersburg Florida 33716  Zip Code
iew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as pr	erformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ompany has been notified in writing of this change.

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 Title Type of Action Name Address Amanda Fornandez 2168. Westland Lett 1 and AMBR ☐ Change □ Add ☐ Remove □ Remov ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing: 1020207 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated October 31 . 2017 .  Signature of a member of authorized representative of a member	
Andrew Beerd Typed or printed name of signee	

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Filing Fee: \$25.00