117000140627

(Reques	tor's Name)
(Address	5)
(Address	s)
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing) Officer:
Amond	





300392593763

2000-000 -000 -000

SECRETARY OF STATE CORPORATIONS



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EUST COUST TUYE SOLUTIONS LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Spatara
Name of Person
FAST COAST TURF SOLUTIONS LLC
Firm/Company
8097 Sierra Oaks Blvd.
Address
Jacksonville, FL 32219
City/State and Zip Code
Mattagastcoastlurt, net
E-mail address: (to be used for fullise approx report notification)

For further information concerning this matter, please call:

MATTHEW SYNTAYON at (94) U15-0288

Area Code Daytime 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST COAST TURE S	on LITTIONS LI ov as It now appears on our rec liability Company)	Cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1700140027	were filed on OG 2	20 \ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Habi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		. Florida
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert M. March	S CONCOL	□Add
		Lessio Twin Oaksct. Canela, of 444010	Remove
			□Change
MGR	Kathleen R. Marci	S U836 TWIN DAKS CH.	🗅 Add
		Confield, OH 44406	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
_	
_	
_	
_	
Effective (If an effect Note: If documen	e date, if other than the date of filing:
he record s ord is filed	specifies 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 _	HUGUST 11 2022
	Signature of a member or authorized representative of a member
	Part Specific Specifi