## 118000031581

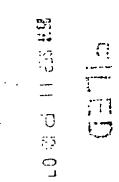
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Special Instructions to Filing Officer:





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## **COVER-LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
ALID TO AM	ners Lawn Care LLC			
3000001.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Patrick Georges			
		Name of Person	····	
	Turf Crushers Lawn Car	e LLC		
		Firm/Company	<del></del>	
	1570 NE 159th Street			23
		Address	· ·	<b>4.</b> 83
	North Miami Beach, Flor	rida, 33162	:	 
	Patrick@turfcrushers.con	City/State and Zip Code	<del></del>	. J
	E-mail address: (	to be used for future annual report notifi	cation)	0.7
For further information of	concerning this matter, please co	all:	>	
Patrick Georges		786 302-4373		
Name o	of Person	Area Code Daytime	Telephone Number	•
Fratandia a shaek for t	ha fallandaa amanati			
Enclosed is a check for the S25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee	
223.00 1 mmg 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of St Certified Copy (additional copy is e	atus &
	ING ADDRESS:	STREET/COURIE		
Divisio	ration Section on of Corporations ox 6327	Registration Section Division of Corpora Clifton Building		

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code	
	<b>C</b> 1	lorida	
New Registered Office Address:	Enter Florida street addres	22	
Name of New Registered Agent.			
Name of New Registered Agent:		, 0,1	
	<u></u>	. <i>:</i>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here		s, enter the name of the n	
0. 16	65		
	Florida, 33162		
Mailing address MAY BE A POST OFFICE BOX)	North Miami Beach	- 124 <u>- 1</u>	
Enter new mailing address, if applicable:	1570 NE 159th Street	r 7	
	Florida, 33162		
Principal office address MUST BE A STREET ADDRESS)	North Minni Book		
Enter new principal offices address, if applicable:	1570 NE 159th Street		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."	
Turf Crushers Lawn Care LLC			
A. If amending name, enter the new name of the limited liab	oility company here:		
This amendment is submitted to amend the following:			
Florida document number L18000031581			
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>is.</u> )	
Turfs Crusher Lawn Care LLC			

## 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
		<u> </u>	□ Add
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory find ocument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier o
ated	
Signature of a member or authorized representate	ive of a member
airmanne di a member di aumorized redresentat	IVE OLA UNCHIDEI

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00