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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sod Professionals 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:		
Susan Shannon Name of Person		
Hampton Garf, Inc.		
7845 Baymeadows Way		
Jack Sonville, FL 32256 City/State and Zip Code		
Shannon e hampton. 9017 E-mail address: (to be used for future annual peport notification)		_:
For further information concerning this matter, please call:	3	11.15 3.45
Kamli Howard at (904) 862-6295 Name of Person Area Code Daytime Telephone Number	9- 3A	FR TARY
Enclosed is a check for the following amount:	P# 2: 3	NPORK!
\$25.00 Filing Fee Solution Sol	<u>a</u>	HONS HE

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

<u>Sod Professiona</u>	15, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/</u>	22/2018 an	d assigned
Florida document number <u>L18000153881</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designat	ion "LLC" or the abbreviation	on "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)	-		
The state of the s			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the na	ime of the new s
	·		30
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florida stre	ret address	
		, Florida	Code
	eiù.	z.ıp (.1740

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>	<u>Name</u>	Address	Type of Action
MGR Sitex Landscaping Holdings, LLC	4321 Shark Drive		
	Bradenton, FL 34208	🗹 Remove	
			Change
			Add
			Remove
			Change
			D Add
		·	□ Remove
			🗆 Change
			□ Add
			□ Remove
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о. и аше	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	July 31 . 2019
	Signature of a member of authorized representative of a member
	Travis A. Norman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00