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COVER LETTER

	gistration Sec rision of Corp			
OLD IN COR		ion Jacksonville, LLC		♂
SUBJEC1:		Name of Limi	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please retun	n all correspor	ndence concerning this matter t	to the following:	
		Donald B. DeLoach		
			Name of Person	
		Caldwell, Propst & DeLoad	:h, LLP	
			Firm/Company	
		Two Ravinia Drive, Suite 1	600	
			Address	
		Atlanta, GA30346		
			City/State and Zip Code	
		ddeloach@cndlawvers.com E-mail address: (0	to be used for future annual report notif	leation)
For further	information co	oncerning this matter, please co	all:	
Donald B. I	DeLoach		404 843-1956	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 STD 27 PH 12: 06

Turf Operation Jacksonville, LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on September 6, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ATLWM Jacksonville, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:	n/a	
.,		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	271	
**		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 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
	n/a		Add
			Remove
			Change
			□ Adđ
			Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
		Remove	
		Change	
			☐ Remove
			Change

	n/a
fec	tive date, if other than the date of filing:(optional)
an e	ffective 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
s re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier c
	e 90th day after the record is filed.
ate	September 26 2019
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00