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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Sod Consultants, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bruce A. Margulis, Esq.		
		Name of Person	
	Kotz Sangster Wysocki P.	C.	
	-	Firm/Company	<u> </u>
	400 Renaissance Center, S	uite 3400	
		Address	
	Detroit, Michigan 48243		
		City/State and Zip Code	
	bmargulis@kotzsangster.co		
For further information	n-mail address: (i concerning this matter, please ea	o be used for future annual report noti ill:	fication)
W. Edwin Small		810 229-2601	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Johns Sod Consultants, LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 120000305849	npany were filed on October 7, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:	ffice address on our records, enter the n	2020 NO
(Mailing address MAY BE A POST OFFICE BOX)		225
		. = 0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the n	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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>	<u>Address</u>	Type of Action
AMBR	Michelle Mobarak	10559 Citation Drive, Suite 204. Brighton, MI 48116	, ≣ Add
			= Aue
			□Remove
			□Change
MGR	Kimberly McGlothlin		□Add
		420 CR 13A South, Elkton, FL 32033	■Remove
			
			2020 Change
		<u> </u>	Naga Vigo
		· · · · · · · · · · · · · · · · · · ·	Remove
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Tective date, if other to an effective date is listed, the ote: If the date inscried becoment's effective date	e date must be speci in this block does	fic and cannot be p not meet the app	dicable statutory	or more than 90 days a	ptional) ifter filing.) Pursuant to 60, this date will not be lis	5.020 ted a
record specifies a delayed is filed.	d effective date, bi	ut not an effectiv	e time, at 12:01 a	.m. on the earlier of	(b) The 90th day after	er the
nted		2020	- B			
			// /	· —		