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TO: **Registration Section Division of Corporations**

Turfgirl, LLC

SUBJECT:

.

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:

	Merissa Alcalay		
		Name of Person	
	Turfgirl, LLC		
		Firm/Company	
	9765 Vitrail Lane		
	·····	Address	
	Defray Beach, FL 33446		ication)
		City/State and Zip Code	ω
	merissaalcalay@icloud.cor	n	· • • • . •
	E-mail address: (to be used for future annual report notif	ication)
Merissa Alcalay		.561 400-3983 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
inclosed is a check for the	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 Addres</u>		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Ta	
Tallahassee, FL 32314			Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turfgirl, LLC

. . .

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/2021	and assigned
Florida document number 1.21000055780	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u> i	stere

Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street	t 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>	Name	Address	Type of Action
AMBR	Victor Nolasco	101 Harvest Moon CT A	□Add
		Jupiter, FL 33458	
			Change
			□Add
			🗆 Remove
			Change
	<u> </u>		آ Add
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		<u> </u>	⊐Add
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			⊐Add
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			ƏAdd
		· ·	□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

record is filed.

If the record 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	2023	
	Meruppy Mcapi	
	V Signature of a member or authorized representative of a member	
	Merissa Alcalay	
	Typed or printed name of signee	