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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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CUDICT		IFICIAL GRASS, L.L.C.		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fec(s) are sub	-	
		JOSE E ORTEZ MEJIA		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		J & L	ARTIFICIAL GRASS, L.L.C.	
			Firm/Company	
		1129 NW 3RD STREET A	PT-101	
			Address	
		MIAMI-DADE, FLORE		
		edilbertomejiao561@gmail.		
For further i	information co	E-mail address: (i oncerning this matter, please ca	o be used for future annual report notific	cation)
	TEZ MEJIA	oncerning this matter, prease ea	609 858-8696- CE	I PHONE
	Name of	f Person	_ at ()	Telephone Number
Enclosed is	a check for th	se following amount:		
□ \$25.00		S30.00 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)
Re Di P.0	ailing Addresses egistration S vision of Co O. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810
P E	LEASE P	ut on Public Record. 2703597.		9.53

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&LARTIFICIAL GRASS, L.L.C.

	(A Florida Limited	any as it now appears on our Liability Company)	records.)	-
The Articles of Organization for this Limited I	Liability Company	y were filed on03/04/202	1	and assigned
Florida document number L21000105733	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lial	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	n "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STRE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
				•
3. If amending the registered agent and/or agent and/or the new registered office address and/or the new Registered Agent:		address on our records,	enter the name	of the new registe
New Registered Office Address:	<u>N/A</u>			
The state of the s		Enter Florida street	address	
				7.
	N/A		Floriđa	<i>(</i>)
		City	, Florida	Tode Code
New Registered Agent's Signature, if changing		·	, Florida	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUIS C ALMENDAREZ	984 SW 10TH STREET APT-02 MIA FL 33130	□Add
			≅ Remove
			□Change
			□Add
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Effective date, if other than the	date of filing:	(optional)
f an effective date is listed, the date mus Note: If the date inserted in this bl	it be specific and cannot be prior to date of filing or lock does not meet the applicable statutory filing	(optional) more than 90 days after filing.) Parsuant to 605.0207 ing requirements, this date will not be listed as
locument's effective date on the D		APPA
		1 ; U ———————————————————————————————————
record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m	on the earlier of: (b). The 90th day after the
u is med.		۾
MARCH 25,	2021	. S
Dated	// ·	•
		<i>^</i>
· · · · · · · · · · · · · · · · · · ·		
2 1.	Signature of a member or authorized representative	ve of a member