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COVER LETTER

	gistration Se ision of Cor	•	, •	· · · ·	•	
CUDIECT.	SIERRA SO	OD LLC				
SUBJECT:		Name of Lim	nited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		JESUS MARTINEZ				
		•	Name of Person		-	
		SIERRA SOD LLC				
			Firm/Company		-	
		1853 W WARD ROAD				
		. ==	Address		_	~ 3
		AVON PARK FL 33825				grag jem OJ
			City/State and Zip Code	-	-	; ;
		done_right@hotmail.com				
			to be used for future annual report r	notification)		7:
For further i	nformation c	oncerning this matter, please c	all:		:	ကဲ့ လ
JESUS MA	RTINEZ		863 449-9510 at ()			
11.	Name o	f Person	Area Code Day	time Telephone Numbe	π	
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)	Certified	ate of Stat	tus &
	ailing Addres	_	Street Address: Registration	•		
Registration Section Division of Corporations			Division of C			
P.O. Box 6327			The Centre o		210	
Ta	llahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 8	51U	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIERRA SOD 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 04/15/2021 and assigned Florida document number L21000176453 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: 7.5 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

N/A

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
MGR	SILVIA MARCIAL		□ Add
		1853 W WARD AVON PARK FL 33825	
			□Change
			□Add
			□ Remove
			□Change
			Add
		:	☐Change ⇔ ω ⊞Add
			□Remove
			□Change
	··		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

ective date, if other than the date of filing:	N/A	
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Filing Fee: \$25.00