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A. BUTLER JAN 14 2022

COVER LETTER

v - •

Tallahassee, FL 32314

CUB IE		it LLC	•	•
SUBJEC	,1:	Name of Lin	nited Liability Company	
Division of Corporations Turf Rabbit LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Colin Tourjee Name of Person Coastal Professional Accounting Firm/Company 3655 Cortez Rd W. Suite 150 Address Bradenton, FL 34210 City/State and Zip Code michelle@coastalpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Colin Tourjee 941 281-2462 at (
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Colin Tourjee		
			Name of Person	
		Coastal Professional Acco	ounting	
			Firm/Company	
		3655 Cortez Rd W, Suite	150	
			Address	
		Bradenton, FL 34210		
		michelle@coastalpa.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information o	concerning this matter, please c	all:	
Colin To	urjee			
	Name o	of Person		e Telephone Number
Enclosed	is a check for ti	he following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status &
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
1	Division of C	Corporations	Division of Cor	rporations
1	P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turf Rabbit LLC	1022 UNI 10 mm 20 00
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000453674</u> .	were filed on $\frac{10/18/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1805 Twin Oaks Cir
(Principal office address MUST BE A STREET ADDRESS)	Wimauma, FL 33598
	U.S.
Enter new mailing address, if applicable:	1805 Twin Oaks Cir
(Mailing address MAY BE A POST OFFICE BOX)	Wimauma, FL 33598
	U.S.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe
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
MGR	Rafael Hernandez	1805 Twin Oaks Cir, Wimauma, FL 33598	= Add
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Effective date, if other than the date of filing: fan 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 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 dis filed. Dated November 19 2021 When the specifies a delayed of feetive date is filed. Signsfuse of 8 member or authorized representative of a member		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 d is filed. Dated November 19 2021		
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Signature of a member or authorized representative of a member	ated	November 19 2021
Signature of a member or authorized representative of a member	-	V/
		on HIVZ

Filing Fee: \$25.00