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COVER LETTER

TO: Registration Se Division of Con			
	TURF LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	XAVIER HERNANDEZ		
		Name of Person	
	LETS GET TURF LLC		
		Firm/Company	
	8385 SW 94 STREET		
		Address	
	MIAMI, FL 33156		<i>*</i> .
		City/State and Zip Code	
	letsgetturf@gmail.com	to be used for future annual report no	difference)
For further information of	concerning this matter, please c	•	·
Xavier Hernandez		786 564-9205	
Name o	f Person		me Tel e phone Number
Enclosed 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)
Mailing Address Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LETS GET TORP LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000529615.	were filed on 12/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Cnter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)		~~~
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		.*
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Constitution of the	
	Enter Florida street address	
	, Flori	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LETS CET TIME LIC

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>	Address	Type of Action
MGR	RAFAEL NICOLAS	8306 MILLS DRIVE STE 233 MIAMI, FL33183	🗏 Add
			□Remove
			□Change
MGR	RAFAEL NICOLAS R. JR.	16321 SW 62ND TERR MIAMI ,FL 33193	□Add
			Remove
			□Change
		 .	□Add
			□Remove
			□Change
			 □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Change

				
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ctive date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this bloom				
iment's effective date on the Dep				
ord specifies a delayed effective filed.	date, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
JANUARY 24	2023			
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ed Zavoziki zv	40			
hal M	ignature of a member or auth			