L23000023297

(Re	questor's Name)	
(Ad	dress)	 ·
	 	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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03/27/23--01013--028 **25.00

2021 HAR 27 PH IZ: U3

TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, March 17, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

 Articles of Amendment For: TURF LUXX, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

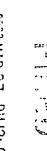
We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502





COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ст: <u>TURF L</u>	UXX. LLC			
		Name of Lin	ited Liability Company		
The enci	losed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Corpor	ate Maintenance Le	ad	
		<u> </u>	Name of Person	<u> </u>	• • •
		Prod	essing Department		TALE OF STATE
			Firm-Company		
		•	1450 Vassar St		<u>.</u>
			Address		
			Reno, NV 89502		
			City/State and Zip Code	<u> </u>	,,,
		E-mail address: (to be used for future annual report nout	ication)	
or furthe	er information c	oncerning this matter, please ca	all:		
	Process	ing Department	_{at (} 800 ₎ 638-2320		
-	·	f Person		: Telephone Number	
Enclosed	is a check for th	ne following amount:			
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURF LUX (Name of the Limited Liability Company) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company) Florida document number L23000023297	ny as it now appears on our records. iability Company)	Z023 HAR 27 and assigned 2: 03
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:	⊞ ω
The new name must be distinguishable and contain the words "Limited Liabil: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" 390 N. Orange Ave Suite Orlando FL, 32801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ΒΟλ)	390 N. Orange Ave Suit Orlando FL, 32801	e #2300
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	, Flo	orida

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 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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Haggans	390 N. Orange Ave Suite #2300	
		Orlando	☐ Remove
		FL, 32801	☑ Change
			🗖 Add
			Remove
			Change
			2023d S
			Remaye
			C Charge
			03 0Add
		·-···	Remove
			Change
			Add
			Remove
			☐ Change
	<u> </u>		DAdd
			☐ Remove
			□ Change

	John Haggans Typed or printed name of signee		27 _, PA	. 6
	Ignature of a member or authorized representative of a member		13/52	
Date	3.6.201) 	! :-	2023	_
(b) Th	e 90th day after the record is filed.	on the ea	inei oi	•
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the ea	rlier of	· <u>.</u>
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	will not be l	isted as	the
E. Effec	tive date, if other than the date of filing: N/A (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Down	705 000 T	ave
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Filing Fee: \$25.00