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## **COVER LETTER**

TO:

	egistration Se ivision of Cor							
eun iren	USA Turf Builders LLC							
SUBJECT	·	Name of Limited Liability Company						
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please retur	m all correspo	ndence concerning this matter	to the following:					
		Ronald J Heffernan						
		·····	Name of Person					
		USA Turf Builders LLC						
		<del> </del>	Firm/Company					
		2550 C H Amold Rd						
		<del> </del>	Address	· •				
		St. Augustine, Fl 32092						
			City/State and Zip Code	<del> </del>				
		Usaturfbuilders@gmail.con						
For further	information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif	70 45				
Ronald J H	effernan JR		904 6154857 at ( )	;. <b>u</b>				
	Name of	f Person		Telephone Number				
Enclosed is	a check for th	e 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)				
	ailing Address		Street Address:					
	egistration S ivision of C		Registration Section Division of Corporations					
P.	O. Box 632	7	The Centre of Tallahassee					
Ta	allahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	ipany)				
The Articles of Organization for this Limited Liability Company were filed Florida document number 23821291 L 23000215092	on <u>5/1/2023</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability compa	any here:				
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbrevi	ation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	·	<u></u>			
	`:	;			
Enter new mailing address, if applicable:		<b>35</b>			
(Mailing address MAY BE A POST OFFICE BOX)					
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B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:  Name of New Registered Agent:	our records, <u>enter the name of</u>	the new regi			
New Registered Office Address:	ter Florida street address				
1511					
Cin·	, Florida z	ip Code			

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Holly M Heffernan	2550 C H Amold Rd	<b>=</b> Add
		St. Augustine, Fl 32092	Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
·	<del></del>		Add
			Remove
			MAAA

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n effective <u>te:</u> If the	e date is listed, t e date inserted	than the dathe date must be do in this block on the Depar	specific an does not i	ed cannot be meet the	applicable	ate of filing statutory	or more the	an 90 days a	<b>ptional)</b> ifter filing.) I this date w	Pursuant to 605.02 vill not be listed
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