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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Turff Kiv	ng S LLC ed Libility Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Lawrence	Name of Person	Dunk
	7061	Firm/Company Catlett R	Coad
	Saint a	City/State and Zip Code K96669W be used for future annual report notified.	² L 32095
	E-mail address: (to	o be used for future annual report notif	IGII · COM
For further information c	oncerning this matter, please cal		
Lawrence	e P Van Dun	K at (904) 495	5-6020
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne 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)

TO:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		r records.)
	A 🔿	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company	enter the new name of the limited liability company here: guishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" fices address, if applicable: s MUST BE A STREET ADDRESS) ress, if applicable: BE A POST OFFICE BOX) gistered agent and/or registered office address on our records, enter the name of the new registered egistered office address here: Registered Agent: d Office Address: Enter Florida street address	
Florida document number <u>LASOOS / W</u> 30	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Mability Company) (A Florida Limited Liability Company) (A Florida Limited Mability Company) (B Florida Limited Liability Company) (B Florida Limited Liability Company) (Cary Zip Code Plorida Zip Code Plorida Zip Code Plorida Zip Code	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Horda Limited Hability Company) ticles of Organization for this Limited Liability Company were filed on document number \$\begin{align*} 23000376302 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation \$\frac{1}{2}\$L.C" new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) mew mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Kinter Florida Zip Code Zip Code Zip Code	
A. If amending name, enter the new name of the limited lia	bility company here:	
		202
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designati	on "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		3 E
		¥
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
	address on our records	s, enter the name of the new registere
agent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vt address
		ry
	Cuy	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag	_	ity. I further agree to comply with th
provisions of all statutes relative to the proper and complet	-	•
accept the obligations of my position as registered agent as	provided for in Chapte	er 605. F.S. Or. if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	Mason S Bourge	ois 706/ Cattett K	<u>d</u> . □ Add
	J	ois 7061 Cattett R St. Augustine, 7L 32095	Remove
		32095	- □Change
MGR	Shana N. Berry	7061 Catlett Rd	· XAdd
	1	7061 Catlett Rd St. augustine, 7L 32095	□Remove
		32095	_ □Change
			□Add
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an effective date ote: If the date	is listed, the date inserted in thi		ind cannot be p t meet the ap	plicable statuto			l) g.) Pursuant to 605.02 le will not be listed
ecord specifies	a delayed effe	ective date, but n	ot an effectiv	re time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day after th
ated Oct	ober	100	202	3			
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			<u>~ /</u> (,	on-c	entative of a mer	1.	