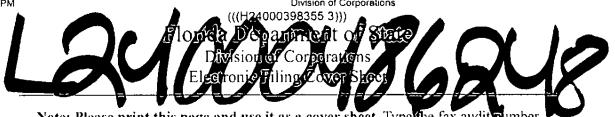
Division of Corporations



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(((H24000398355 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171

Phone : (954)334-2250 Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____karmada@olivejudd.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN LIFE TURF MANAGEMENT, LLC

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T. LEMIEUX

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Fax:

Fax: (850) 617-6383

	istration Sec ision of Corp				
	GREEN LIE	E TURF MANAGEMENT, I	LC		
SUBJECT:			ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		KRISTY E. ARMADA, E	SQ.		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		OLIVE JUDD, P.A.			
			Firm/Company		
		2426 EAST LAS OLAS B	OULEVARD		
			Address		
		FORT LAUDERDALE, F	L 33301		
			City/State and Zip Code		
		KARMADA@OLIVEJUDI			
			to be used for future annual report	notification)	
For further in	formation co	ncorning this matter, please or	nll:		
KRISTY E.	ARMADA		954 334-225	60	
10 + 1	Name of	Person	at () Area Code Da	ytime Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$2 5.00 F	iling Fee	(3) \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Certified	e of Status &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

GREEN LIFE TURF MANAGEMENT, LLC			
(Name of the Limited Limitity Compa (A Florida Limited	my as it now appears on our record Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000486248</u> .	were filed on November 19, 20	24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P.O. Box 480179		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 33348		
			2022
B. If amending the registered agent and/or registered office :	address on our records, <u>enter</u>	the name of t	in the new registered
agent and/or the new registered office address here:			င်း
Name of New Registered Agent:		· ;	PH 6
New Registered Office Address:			=
	Enter Florida street address		
		orida	o Code
	City	Zij	o Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I	id I am famili F.S. Or, if thi	iar with and s document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

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_____ Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
			□Remove
			□Change
			🗖 Add
			🗆 Change
			□Remove
			□ Change
,			🗆 🗅 Ađd
			□Remove
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			□Remove

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		10/03/3034				
ective date, if other than the n effective date is listed, the date mus	t be specific and	cannot be prior t	o date of filing or	more than 90 day	optional) safter filing.) Purs	uant to 605.020
te: If the date inserted in this ble cument's effective date on the D	ock does not me partment of St	icet the applica tate's records.	ble statutory fili	ng requirement	s, this date will	not be listed as
ecord specifies a delayed effectiv is filed.	: date, but not a	an effective tin	ne, at 12:01 a.m	on the earlier	of: (b) The 90t	li day after the
December 3		2024				
ted						
ted	IDAN 1	2 x 0\0 d	le			
ted	Signature of a m	ar Mad	ized representative	re of a member		