Division of Corporations

12/5/24, 3:08 PM (((H2400040131113)))

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H240004013113)))



H240004013113ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

8

(((H240004013113))) COVER LETTER

	egistration So ivision of Co					
em wer		IFE TURF MANAGEMENT, I	LLC			
SUBJECT	:	Name of Lin	nited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retur	rn all correspo	ondence concerning this matter	to the following:			
		KRISTY E. ARMADA, ESQ.				
			Name of Person			
		OLIVE JUDD, P.A.				
	Firm/Company					
	2426 EAST LAS OLAS BOULEVARD					
			Address			
FORT LAUDERDALE, FL 33301						
			City/State and Zip Code	· 		
		KARMADA@OLIVEJUD	D.COM			
		E-mail address: (to be used for future annual report notification)			
For further	information o	concerning this matter, please c	all:			
KRISTY E	. ARMADA		954 334-2250			
	Name o	f Person	at ()	Jumber		
Enclosed is	a check for the	he following amount:				
≘ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce.	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)		
	ailing Addres		Street Address: Registration Section			
Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Corporations	Division of Corporations			
			The Centre of Tallahassee			
1 2	manassee. I	rt. 52314	2415 N. Monroe Street, St.	IIIC X I D		

Tallahassee, FL 32303

Fax: Anonymous

(((H24000401311 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN LIFE TURF MANAGEMENT, LLC		
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000486248</u>	ompany were filed on November 19, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		. ! 🖫
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
agene and of the new registered office address here.		· · · · · ·
Name of Name Designated Association		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u> වූ පා</u>
	Enter Florida street address	
	, Florid:	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and L ent as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

(((H24000401311 3)))
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

From: Olive | Judd, P.A.

Title	<u>Name</u>	Address	Type of Action
MGR	JoAnna Zarbatany	4020 GALT OCEAN DR UNIT 1602	≣Add
		FORT LAUDERDALE, FL 33308	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			©Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		1/4	Change
			🗆 \\dd
			🗆 Remove
			□ Change

12/05/2024 3:16 PM

Fax: Anonymous

KRISTY E. ARMADA

(((H240004013113)))

Typed or printed name of signee