

M22000005057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

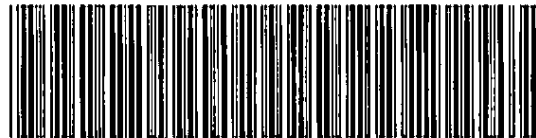
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700385217077

04/11/22--01035--001 \*\*25.01

FILED

2022 APR 11 AM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FL

© SIMMONS

APR 28 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amended Report  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chane Scholtz

\_\_\_\_\_  
Name of Person

TurfDoctor LLC

\_\_\_\_\_  
Firm/Company

1177 Hypoluxo Rd Ste 305

\_\_\_\_\_  
Address

Lantana FL 33462

\_\_\_\_\_  
City/State and Zip Code

chane@turfdactor.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chane \_\_\_\_\_ at ( 561 ) 6399303  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: TURF DOCTOR, LLC

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000005057

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 03/31/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Randy Rodrigues

New Registered Office Address: 1177 Hypoluxo Rd Ste 305

*Enter Florida Street Address*

Lantana

City

Florida

33462

Zip Code

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

**FILED**  
2022 APR 11 AM 6:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

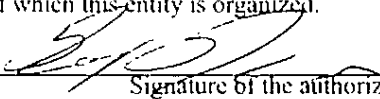
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Remove and add multiple people.

| <u>Title/ Capacity</u> | <u>Name</u>                | <u>Address</u>             | <u>Type of Action</u>                      |
|------------------------|----------------------------|----------------------------|--|
| MGR, AF                | Chane Scholtz              | 1963 Brandywine Rd Apt 201 | <input type="checkbox"/> Add               |
|                        |                            | West Palm Beach FL 33409   | <input checked="" type="checkbox"/> Remove |
| AP                     | Steven Marinucci           | 9091 DUPONT PL             | <input type="checkbox"/> Add               |
|                        |                            | WELLINGTON, FL 33414       | <input checked="" type="checkbox"/> Remove |
| AP                     | SEMPER FI FACILITY MAINTEN | 1177 HYPOLUXO RD 302       | <input type="checkbox"/> Add               |
|                        |                            | LANTANA, FL 33462          | <input checked="" type="checkbox"/> Remove |
| MGR                    | Sebastien Fortin           | 702 S.E 2nd ave #406       | <input checked="" type="checkbox"/> Add    |
|                        |                            | Deerfield Beach, FL 33441  | <input type="checkbox"/> Remove            |
| MGR                    | Greg Trotta                | 1177 Hypoluxo Rd Ste 305   | <input checked="" type="checkbox"/> Add    |
|                        |                            | Lantana Fl 33462           | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Randy Rodriguez  
Typed or printed name of signee

Filing Fee: \$25.00