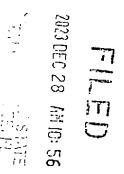
P02000026178

(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:
Date of Adoption
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11/02/23--01011--005 **35.00



4B

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ATHLETIC TU	RF CARE SOLUTIONS, INC.
DOCUMENT NUMBER: P02000026178	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
DEBORA WILDER, CPA	
	Name of Contact Person
THE WILDER GROUP	
	Firm/ Company
4020 PARK ST N, SUITE	103
	Address
SAINT PETERSBURG, FI	L 33709
	City/ State and Zip Code
DEB@THEWILDERGRO	UP.COM
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:at (727
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	•
S35 Filing Fee & Certificate of Status	5
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of

ATHLETIC TURF CARE SOLUTIONS		of	FILED
(<u>Name</u>	of Corporation as curr	rently filed with the F	Iorida Deot -of-State)
P02000026178			######################################
	(Document Numb	per of Corporation (if k	nown) - STATE
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes,	this <i>Florida Profit Col</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>1:</u>	
N/A			TI.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co"	". A professional con	The new orporated or the abbreviation "Corp.," rporation name must contain the word
B. Enter new principal office address,	if applicable	N/A	
(Principal office address MUST BE A S		-	
		<u> </u>	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent ar new registered agent and/or the new	id/or registered office : w registered office add	address in Florida, en ress:	ter the name of the
Name of New Registered Agent	THE WILDER GROU		
inate of their regimered agent	4020 PARK STREET	N., SUITE 103	
		a street address)	
New Registered Office Address:	ST. PETERSBURG		Elouida 33709
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ag	<u>gent:</u>	
t hereby accept the appointment as regist	100		
— 	Signature of Ne	w Registered Agent, if	changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

: _

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
l) Change	PD	JOSEPH J MCGUIRE	719 S 50TH ST	
Add X			TAMPA, FL 33619	
Remove 2) Change	P	MICHAEL MCGUIRE	16201 BRECKINMORE LN	
X Add			TAMPA, FL 33624	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
\		
		_
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(g not applicable, materie (4.4)		
		-
		-

1.

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 30 23 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Signature Wiehred Manage (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Michael Manage of person signing) President (Title of person signing)



December 4, 2023

DEBORA WILDER, CPA 4020 PARK ST N. SUITE 103 SAINT PETERSBURG, FL 33709

SUBJECT: ATHLETIC TURF CARE SOLUTIONS, INC.

Ref. Number: P02000026178

We have received your document for ATHLETIC TURF CARE SOLUTIONS. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

. - 2 2 8, 2923

Letter Number: 223A00027530

www.sunbiz.org



November 16, 2023

DEBORA WILDER, CPA 4020 PARK ST N. SUITE 103 SAINT PETERSBURG, FL 33709

SUBJECT: ATHLETIC TURF CARE SOLUTIONS, INC.

Ref. Number: P02000026178

We have received your document for ATHLETIC TURF CARE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 123A00026543

Anissa Butler Regulatory Specialist II

www.sunbiz.org