## P1366656264

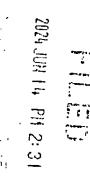
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION: SYNTHETICS LA	WNS OF MIAMI 14C				
	UMBER: P13000056204					
The enclosed Art	icles of Amendment and fee are su	bmitted for filing.				
Please return all o	correspondence concerning this ma	tter to the following:				
	EUGENE SAUNDERS					
	Name of Contact Person					
	SAUNDERS ACCOUNTING FIRM					
	Firm/ Company					
	9990 SW 77 Avenue Suite 20	)3				
	Address					
	Miami, Florida 33156					
		City/ State and Zip Cod	e			
	geno@gsaservices.net					
	E-mail address: (to be us	sed for future annual report	notification)			
For further inforr	nation concerning this matter, pleas		595-7783			
Name of Contact Person		at (305	)			
	ck for the following amount made					
S35 Filing Fo	ee □ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The C 2415 t	Address  Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

## **Articles of Amendment** to Articles of Incorporation

SYNTHETIC LAWNS OF MIAMI INC

(Name of Corpora	ation as currently filed with	the Florida Dept. of	State)
P13000056204			rite
(Doc	ument Number of Corporatio	n (if known)	2024 JUN 14 PM
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:	ida Statutes, this Florida Proj	fit Corporation adopt	ts the following amendmen
A. If amending name, enter the new name of the	corporation:		'
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	ic," or "Co". A profession	or "incorporated" or total corporation name	The new the abbreviation "Corp.," a must contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
D. If amending the registered agent and/or regisnew registered agent and/or the new registered		ida, enter the name (	of the
Name of New Registered Agent			
	(Florida street address)		<del></del>
New Registered Office Address:	(City)	FI	orida
			(2.1) Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	<u>legistered Agent:</u> t. I am familiar with and acc	ept the obligations of:	the position.
Sis	gnature of New Registered Ag		<del></del>
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 PT John Doe X Remove $\underline{V}$ Mike Jones SV $\underline{X}$ Add Sally Smith <u>Title</u> Type of Action <u>Name</u> Address (Check One) 1787 NW 79 Avenue, JOSE A. VARONA 1) \_\_\_\_ Change Miami, Florida 33126 Add \_\_\_\_ Remove PAULINA VARONA 1787 NW 79 Avenue 2) \_\_\_\_ Change Miami, Florida 33126 Add Remove ANTHONY JOSEPH VARONA 1787 NW 79 Avenue 3) \_\_\_\_ Change Miami, Florida 33126 \_\_\_ 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)
	<del></del>
<u> </u>	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not appacaole, mateme wa)	
· · · · · · · · · · · · · · ·	

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The date of each amendment(s) a date this document was signed.	doption:	, if other than
Effective date if applicable:	(no more than 90 days after amendment file dat	a)
	(no more than 90 days after amenament file dat	2)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requireme epartment of State's records.	nts, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adeaction was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the autificient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·`	
	(voting group)	
June 7. 202 Dated Signature	Pitche	
selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	e not been other court
	Patricia Varona	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del> </del>

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