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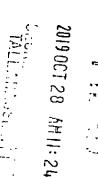
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Turf Solu	itions of Florida, Inc
DOCUMENT NUMBER: P1500000500	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Nathan Florian	
	Name of Contact Person
Turf Solutions of Fl	lorida. Inc
	Firm/ Company
2494 S Coleman Av	
	Address
Homsoassa, Fl. 344	48
	City/ State and Zip Code
nathantlorian26@gmail.co	om
	: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Nathan Florian	352 613-0587
Name of Contact Person	at (352) 613-0587 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Turf Solutions of Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000005008 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Nathan Florian Name of New Registered Agent 2494 S Coleman Ave. (Florida street address) Homosassa New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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>	John Doe	
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>	Address
1) Change	VP.	Nathan Florian	2494 S Coleman Ave
x Add			Homosassa, FL 34448
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

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provisions for imple	ementing the amend	Iment if not conta	on, or cancenation ained in the amer	dment itself:	1
(if not applicable	e, indicate N/A)				
NIA					
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The date of each amendment(s) addate this document was signed.	10/23/2019 option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
10/23/2019 Dated		
selected.	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	I fiduciary by that fiduciary)	
ı. N	landy Florian	
_	(Typed or printed name of person signing)	
P	resident	
_	(Title of person signing)	