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COVER LETTER

Tallahassee, FL 32314

TO: Registration Solution of Con					
	STONE LANDSCAPE-SOUTE	HEAST, LLC			
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Kristin Smith, Esq.				
Name of Person					
	Yellowstone Landscape, Ir	ic.			
Firm/Company					
	55 Barkwood Lane				
		Address		. 	
	Palm Coast, FL 32137			er fest	
		City/State and Zip Code		5	
	E-mail address: (to be used for future annual report no	otification)		
For further information	concerning this matter, please e	all:			
Kristin Smith		314 637-6002 at ()			
Name	of Person	Area Code Dayt	inie Telephone Number		
Enclosed is a check for				••	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate of Certified Co (additional cop	of Status & opy	
Mailing Address:		Street Address: Registration S	Section		
Registration Section Division of Corporations		Division of C			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YELLOWSTONE LANDSCAPE-SOUTHEAST, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>04/11/2005</u> and assigned Florida document number _ L05000035212 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Timo Sherman	3235 North State Street, Bunnell, FL 32110	
			□Remove
			□ Change
MGR	Harry Lamberton	3235 North State Street, Bunnell, FL 32110	= Add
			Remove
			. GChange
			□Add
			□Remove
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			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Channo

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ____ 2022 Signature of a member or authorized representative of a member Chris Adornetti

Typed or printed name of signee