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## **COVER LETTER**

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TO: Registration Se Division of Con			
ALSW, LI			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Kristin Smith, Esq.		
	<del>. •</del>	Name of Person	
	Yellowstone Landscape, I	nc.	
		Firm/Company	
	55 Barkwood Lane		7.
		Address	
	Palm Coast, FL 32137		
	<del></del>	City/State and Zip Code	
	E-mail address:	to be used for future annual report not	ification)
For further information of	concerning this matter, please o	•	
Kristin Smith		314 637-6002	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	anion.
Registration Division of C		Registration Se Division of Co	
P.O. Box 632	=	The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALSW, LLC	
( <u>Name of the Limited Liability Company as it u</u> (A Florida Limited Liability (	ow appears on our records.) Company)
(	
The Articles of Organization for this Limited Liability Company were fil	led on 04/11/2005 and assigned
florida document number L05000035218	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
international officers address if applicables	
Enter new principal offices address, if applicable:	
Enter new mailing address, if applicable:	9
Mailing address MAY BE A POST OFFICE BOX)	
	<del>-</del>
3. If amending the registered agent and/or registered office address	on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
The Wind State of Marcon.	Enter Florida street address
	, Florida
City	

## 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 Chanoing	Registered Agent Signature of New Registered As	ent

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	<b>=</b> Add
			□Remove
		<del></del>	□Change
MGR	Harry Lamberton	3235 North State Street, Bunnell, FL 32110	<b>=</b> Add
			□Remove
			Change
			<b>⊕</b> Add
			Remove
			□ Change
	<del></del>		□Add
			□Remove
			□Change
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			□Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior of e: If the date inserted in this block does not meet the application unent's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605 tible statutory filing requirements, this date will not be liste
cord specifies a delayed effective date, but not an effective tirefied.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed December 5 , 2022	
( har Illusta	