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COVER LETTER

	egistration Se- ivision of Cor		•			
ello le <i>c</i> a		ST LANDSCAPE MANAGE	MENT COMPANY, LLC			
SUBJECT	·	Name of Lin	ited Liability Company			
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Kristin Smith, Esq.				
	Name of Person					
	Yellowstone Landscape, Inc.					
	Firm/Company					
	55 Barkwood Lane					
	Palm Coast, FL 32137				- 3	
					<u>.</u>	
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)	97 23	
For further	information co	oncerning this matter, please c	all:			
Kristin Sm	rith		314 637-6002			
Name of Person		Person	Area Code Daytimo	: Telephone Number	•	
Enclosed is	s a check for th	e following amount:				
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address:		<u>s:</u>	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHEAST LANDSCAPE MANAGEME	NT COMPANY, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/16/2010	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
"he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		. 21
		- 3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		75
naming dutiess may be a 1 out of the body		. ,
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
-	City	Zip Code

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 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	= Add
			□Remove
			□Change
MGR	Harry Lamberton	3235 North State Street, Bunnell, FL 32110	■Add
			□Remove
			☐Change
			Add 1 1 √o
			□ Remove ∴ □ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<u></u>		□Add
			□Remove

Typed or printed name of signce