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Account Name : WATSON SLOANE JOHNSON PLLC. Account Number : 120150000117 Phone : (407)622-6751 Fax Number : (866)440-1211  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**		rax Number	. (830)017 0303
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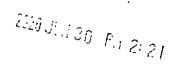
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Premier Landscapes Organization, LLC		
(Name of the Limited Liability Comp.	any sa it now appears on our record Liability Company)	<u>ts.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000072050	were filed on 03/21/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	6900 TAVISPE	DA 32829
(Principal office address MUST BE A STREET ADDRESS)	STE 400	
	ORLANDO, FLORI	OA 32829
Enter new mailing address, if applicable:	5075	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registere
New Registered Office Address:		
New Registered Office Addices	Enter Florida street addres.	S
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is
If Char	aging Registered Agent, Signature o	I New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fille, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
VP	DELBERT MCGHEE	6441 SOUTH CHICKASAW TRAIL, #411	DAdd
		ORLANDO, FL 32829	
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			DAdd
			□ Remove
			Change
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Effective date, if other tha	n the date of fil	ing:	<del></del>	(eption	ai)
If an effective date is listed, the di Note: If the date inserted in document's effective date on	his block does no	et meet the applic	able statutory filin	ore than 90 days after fit g requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
e record specifies a delayed et rd is filed.	Tective date, but r	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated February		2020			
	N		_		
	/ SI====		arized representative	nCa manuhas	<del></del>

Typed or printed name of signee