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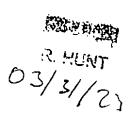
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Section Division of Corporations					
SUBJEC	II: G.N	C LANDSO	CAPE PROPERTY	WANAGEME. ST, L		
		Name of Lim	ited Liability Company	•		
The encl	osed Articles of Am	endment and fee(s) are sub	mitted for filing			
Please re	turn all corresponde	nce concerning this matter	to the following			
		GA	CTH CROSS			
			Name of Person			
			Firm/Company			
		4940 E	- SABEL PAL	n BIVD #201		
			Address			
		TAMARA	City/State and 7 ip Code	. 9		
	-	GALIK E-mail address: 1	City/State and Zip Code CROSS @ ADTMAL to be used for future annual report notif	Com		
For furth	er information cone	erning this matter, please ca				
(-	SANTA CA	2085	al 954, 696.	9544		
— <u> </u>	Name of Pe		Area Code Daytime	: Telephone Number		
Enclosed	f is a check for the fe	ollowing 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 Address:	4 ;	Street Address:			
Registration Section Division of Corporations			Registration Sec Division of Cor			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GNC LANDSCARE PROJECTY MANAGEMENT, LLC
(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on	9-15-2010 and assigned
Florida document number <u>L 20000 259 2-63</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company has a likely start of the new name must be distinguishable and contain the words "I muted Lability Company," the	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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 agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Fle	orida street address
_ 	, Florida
	Zη) Code •
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this	canacity. 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 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>	Name	Address	Type of Action
MEMBER	CAMILLE CROSS.	Address 4940 E SABEL PALA BIVD TAMANAC, FL 33319	n Andd
		TAMANAC, FL 33319	□Remove
			□Add
			□Remove
			□ Add
			Remove
		<u> </u>	□Change
			□Add
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(If an effect Note: If	tive date is listed, the date inserte	r than the date of the date must be specified in this block do to on the Departm	ecific and cannot ses not meet the	be prior to date of applicable stati	filing or more than	90 days after filin	l) g.) Pursuant to 605, e will not be liste	0207 (3 d as th
he record s ord is filed		red effective date.	but not an effe	retive time, at 12	2:01 a.m. on the e	earlier of: (b) 1	he 90th day after	the
Dated	2.2	6.2023 Smi	<u> </u>					
		Signat	ne of a member	or authorized repr	resentative of a me	mbei		
		GAR	THE CR	055				
			Typed	or printed name o	d signee			

Filing Fee: \$25.00