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A. BUTLER APR 0 6 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

PHC LANDS			
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	AMY M QUELLETTE		
	ANT W COLUMN	Name of Person	
	PHC LANDSCAPE LLC		
	PHC EARDSCATE LEC	Firm/Company	
		·	
	2340 POLO HILL ROAD	Address	
		Addicss	
	MINNEOLA, FL 34715	0. 0. 12. 0.1.	
	AMYMOUELLETTE@GM	City/State and Zip Code AAIL.COM	
		to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
DAVID J OUELLETTE		786 355-3705	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PHC LANDSCAPE LLC

2022 MAR 21 AM 9:53

(<u>Name of the Limited Liability</u> (A Florida)	Company as it now app	pears on our	r records.)
(A rionda)	ытиес Барину Сотраг	iy)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/15/202	0 and assigned
Florida document number 1.20000326703			v
	- ⁺		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	<u>y here</u> :	
PHC ENTERPRISES LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," t	he designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Mulling dudy ess MAT BE A TOST OF THEE BOAT			-
			
	en 11		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	ir records	, enter the name of the new register
agent and/or the new registered office address here.			
Name of New Registered Agent:			
wante of New Negistered Agent.		-,	
New Registered Office Address:	<i>V-1</i>	Florida stree	ut uddaese
	r.nier	r ioriaa siree	et adaress
			, Florida
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a			
provisions of all statutes relative to the proper and co			
accept the obligations of my position as registered ag being filed to merely reflect a change in the registered	-	-	
company has been notified in writing of this change.	i ogjice dadress, i ne	reby cong	irm that the timilea habitity
, , , , , , , , , , , , , , , , , , ,			

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:

ŝ

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			□ Remove
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<u>Note:</u> docum	ve date, if other than the date of filing:	cu us
recor d is fi	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte ed.	r the
Dated	LA CANA	
	Signature of a member or authorized representative of a member	