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CHD IE	GHMR LA	ANDSCAPE ARCHITECTURE	E, LLC	
SUDIE	C1:	Name of Lin	nited Liability Company	·
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		GRACE G HARRISON		
			Name of Person	
		GHMR LANDSCAPE AF	RCHITECTURE, LLC	
			Firm/Company	
		801 OAK STREET		
			Address	
		ORLANDO, FLORIDA 3	2804	
			City/State and Zip Code	,
		GRACEINMYPLACE@Y	re submitted for filing. matter to the following: ON Name of Person PE ARCHITECTURE, LLC Firm/Company Address DA 32804 City/State and Zip Code E@YAHOO.COM ress: (to be used for future annual report notification) rase call: 321 436 4796 at (
For furt	her information c	oncerning this matter, please c	-	meation
GRACI	EG HARRISON			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
≣ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address			
	Registration S		Registration Se	ection

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHMR LANDSCAPE ARCHITECTURE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12-24-2024}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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>	<u>Address</u>	Type of Action
MBR	GRACE G HARRISON	801 OAK STREET	□Add
		ORLANDO, FLORIDA	
		32804	
MBR	MATTI RUKHOLM	3504 WEST OBISPO STREET	
		TAMPA, FLORIDA	.
		33629	
			□Remove
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effective d	late is listed, the date must be date inscrted in this block	specific and cannot be does not meet the a	prior to date of fili policable statuto	ing or more than 90 da ry filing requiremen	ys after filing.) Pursuant to its, this date will not be	o 605.0207 Histed as
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	ifies a delayed effective d	ate, but not an effect	ive time, at 12:0	I a.m. on the earlier	of; (b) The 90th day	after the
s filed.						
JANU	JARY, 16	2025				
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		nature of a member or	authorized repres	entative of a member		_
C	RACE G HARRISON					

Filing Fee: \$25.00