118000071202

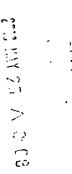
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Co | orporations | | |
|---------------------------|--|--|--|
| | BLOOM LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | NAĐEZĐA SAMORUKO | VA | |
| | **** | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 9440 SW 8TH STREET A | PT 405 | > |
| | | Address | (3) |
| | BOCA RATON, FL 33428 | · · · · · · · · · · · · · · · · · · · | |
| | nadya@floridagardendesign | City/State and Zip Code | |
| | | to be used for future annual report notifi | ication) |
| For further information | concerning this matter, please ca | all: | |
| NADEZDA SAMORU | JKOVA | 954 274-2487 at () | |
| Name | of Person | | Telephone Number |
| Enclosed is a check for | the 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) |
| Regis Divis | LING ADDRESS: stration Section tion of Corporations Box 6327 | STREET/COURIE Registration Section Division of Corpora Clifton Building | 1 |

Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BLOSS&BLOOM LLC | | |
|--|---|------------------------------------|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on our remited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Com | npany were filed on 03/19/2018 | and assigned |
| Florida document number L18000071202 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| GARDEN DESIGNS LLC | | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | SS) | - 4 |
| TWO DESCRIPTION OF THE PROPERTY OF THE PROPERT | | (1 |
| | <u> </u> | > > |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | ço |
| Maning dutress MAT BE A FOST OFFICE BOAT | | |
| 3. If amending the registered agent and/or register egistered agent and/or the new registered office address Name of New Registered Agent: | | ords, enter the name of th |
| New Registered Office Address: | Enter Florida street a | ddress |
| | | |
| | | . Florida |

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 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|----------|----------------|
| | | | □ Add |
| | | | ☐ Remove |
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| Effective date, if other than the date of filling: fam effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 to 700 t | | |
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| ffective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60% tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list locument's effective date on the Department of State's records. The 90th day after the record is filed. | | |
| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. | | |
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| Carry | (mall | |

Page 3 of 3

Filing Fee: \$25.00