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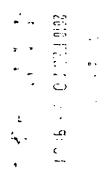
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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LEB 21 20:5 J. HARRIS

,			
		COVER LETTER	₩
			,
	ent 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 corres	pondence concerning this matter	to the following:	
	Erika Boesch		
		Name of Person	
	<u> </u>	Firm/Company	
Division of Cor Flower Rer GUBJECT: The enclosed Articles of Please return all correspondence of Formation of Corice Boesch Name of Corice Boesch Name of Corice Boesch of		Address	
	621 Torrey Oaks Ct., Long	wood FL 327 <i>50</i>	
	flowerrent@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Erika Boesch		407 865 1752 at ()	
Name	of Person	Area Code Daytin	ne 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)

/MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flower-Rent LLC			
(Name of the Lim	ited Liability Comp: (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
	•	1 1	
he Articles of Organization for this Limited I	_iability Company	were filed on	O ✓ and assigned
lorida document number L06000086585			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liab	oility company here:	
lower Rent LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE			
	<u> </u>		GT)
			. · []
nter new mailing address, if applicable:		1120 Aragon Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		Winter Park FL 32789	
. If amending the registered agent and egistered agent and/or the new registered or			
gistered agent andor the new registered t	iffice address her	<u>e</u> .	
Name of New Registered Agent:	Erika Boesch		
New Registered Office Address:	1120 Aragon A	venue	
<u></u>		Enter Florida street addre	350
	Winter Park	, F	lorida 32789
		City	Zip Code

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
MGRM	Hugo Boesch		
		621 torrey Oaks Ct. Longwood Fl 32 750	= Remove
			Change
		.	Add
			Remove
			Change
			□ Remove
			☐ Change
			🗆 Add
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Note: If the o	te, if other than the date of filing: [02/15/2018] [coptional ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing date inserted in this block does not meet the applicable statutory filing requirements, this date ffective date on the Department of State's records.	l) ng.) Pursua te will no	int to 60 ot be lis	5.0207 ted as
	pecifies a delayed effective date, but not an effective time, at $12:01\ a.m$ day after the record is filed.	, on the	e earl	ier o
02/15/ ated	2018			
		• • • •	6.5.5 6.5.5	
			_ 	٠.
_	Signature of a member or authorized representative of a member		; ;	٠,,
Er	Signature of a member or authorized representative of a member ika Boesch		()	

Page 3 of 3

Filing Fee: \$25.00