

L08 0000 82224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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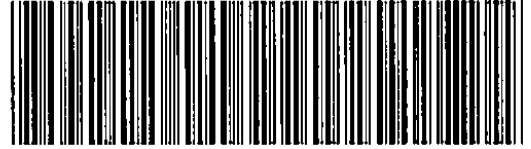
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Calla Flowers, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norman S. Weider

Name of Person

Law Offices of Norman S. Weider

Firm/Company

200 South Biscayne Boulevard -- Seventh Floor

Address

Miami, FL 33134

City/State and Zip Code

normanweider@msn.com

E-mail address: (to be used for future annual report notification)

2000 331 33 2-11

For further information concerning this matter, please call:

Norman S. Weider

305

992.8735

at ()

Name of Person

Area Code

Daytime 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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Calla Flowers, 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 28 August 2008 an
Florida document number L08000082224.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sande Flowers, LLC

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip

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 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 filing is merely to 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

1. *Adaptation* (10%)
2. *Evolution* (10%)
3. *Speciation* (10%)
4. *Phylogenetics* (10%)
5. *Systematics* (10%)
6. *Biogeography* (10%)
7. *Population Genetics* (10%)
8. *Molecular Evolution* (10%)
9. *Developmental Biology* (10%)
10. *Comparative Genomics* (10%)

(If 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 17 CFR 201.27, this date will not be used to determine the date of filing for purposes of the statute of limitations.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date the record is filed.

Dated 6/24/2020.

James D. Wells

Signature of a member or authorized representative of a member

Norman S. Weider, AIF

Attorney-in-Fact and authorized re
Typed or printed name of signer