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COVER LETTER

Division of C	
SUBJECT:	Bountiful Baskets, LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	spondence concerning this matter to the following:
	Deborah A. Ben David
	Name of Person
	Bountiful Baskets, LLC
	Firm/Company
	1035 Tawny Eagle Drive
	Address
	Groveland, FL 34736
	City/State and Zip Code
	bountifulbasketsfi@cfl.rr.com E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
	orah A. Ben David at (352) 874-2622 e of Person Area Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT

FILED

TO 10 FEB 18 AM 11: 52 ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	Bountiful Baskets, LLC	·	
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	• • •	12/19/2008	and assigned
Florida document number L080001	15560		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
	Gift Caboose, LLC		
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	-	······································	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
		_	
B. If amending the registered agent and registered agent and/or the new registered		our records, enter t	the name of the ne
Name of New Registered Agent:	Deborah A. Ben David		
New Registered Office Address:	1035 Tawny Eagle Drive		
	E	nter Florida street ada	lress
	Groveland	, Florida	34736
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
** *	1		
I hereby accept the appointment as register the provisions of all statutes relative to the			
accept the obligations of my position as re			

If Changing Registered Agent Signature of New Registered Agent

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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** MGRM Aaron S. Ben David 1035 Tawny Eagle Drive Add Groveland, Fl. 34736 √ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of amember or authorized representative of a member Deborah A. Ben David/Aaron S. Ben David

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00