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C. LTWS SEP 222010

COVER LETTER						
TO:	Registration Division of C					
⋖ SUBJ	FCT.	DESIGNS BY	PETAL PUSHERS LLC	₹		
3003	ECT		nited Liability Company			
The er	nclosed Articles o	of Amendment and fee(s) are su	ibmitted for filing.			
Please	e return all corres	pondence concerning this matte	er to the following:			
			JANE YUDELL Name of Person			
			Name of Person			
DESIGNS BY			IS BY PETAL PUSHERS LL	<u>C</u>		
			Firm/Company			
		1200 Clint Moore Road, Suite #4				
			Address			
	Boca Raton, FL 33487					
		City/State and Zip Code				
		E-mail address:	roxy17152@aol.com (to be used for future annual report notific	ation)		
For fur	rther information	concerning this matter, please	call:			
		Jane Yudell		213-5708		
Name of Person			Area Code & Daytime	Telephone Number		
Enclos	ed is a check for	the following amount:				
\$25	5.00 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		STREET/COURIE Registration Section Division of Corporat			
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Cent Tallahassee, FL 3230			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGNS BY PETAL PUSHERS LLC



2018 SEP 2.1 PM 12: 48

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company) July 8, 2010 and assigned The Articles of Organization for this Limited Liability Company were filed on _____ L10000072094 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JANE & MARGE'S PETAL PUSHERS LLC The new name must be distinguishable and end with the words "Limited 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 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 , Florida 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 608, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			— 5
			□D
			<u>—</u> 10
). If amend	ding any other information, enter	change(s) here: (Attach additional sheets	s, if necessary.)
	September 20		SELL FI JANDA
	Signature of/a	member or authorized representative of a mem Jane Yudell	ber

Page 2 of 2

Filing Fee: \$25.00