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COVER LETTER

TO:	Registration Se Division of Cor		J.	ē
011D T		of Tampa, LLC		•
SUBJ	ECT:	Name of Lim	ited Liability Company	
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The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	Amendment and fee(s) are submitted for filing. Indended the following: Alan M, Schwab Name of Person My Flower of Tampa, LLC Firm/Company 17617 Boy Scout Rd. Address Odessa, Florida 33556 City/State and Zip Code alanlpe@yahoo.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
		Alan M, Schwab		
			Name of Person	
		My Flower of Tampa, LLC		
			Firm/Company	
		My Flower of Tampa, LLC Firm/Company 17617 Boy Scout Rd. Address		
			Address	
		Odessa, Florida 33556		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fu	rther information co	oncerning this matter, please ca	all:	
Alan :	Schwab			
	Name of	f Person		ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ s :	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

My Flower of Tampa, 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 June 15, 2012 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALANLPE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 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 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
MGR	Catherine A Schwab	17617 Boy Scout Rd., Odessa, FL 33556	■ Add
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Filing Fee: \$25.00