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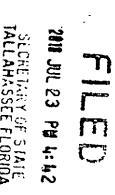
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COVER LETTER

Division of Corporations		
SUBJECT: A Happily Fver After Floral, 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:		
Kristin H Ivey Name of Person		
A Happily Ever After Floral, LLC Firm/Company		
45.33 Irvington Avenue, Suite 3		
Sacks shulle, Florida 32-210 City/State and Zip Code ahappily everafter floral (Pyahas, Com Fernail address: (to be used for future annual report notification)	TAS Z	 }
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	II JUL 23	
Kristin H Ivey at (904) \$74-6553 Area Code Daytime Telephone Number	CHETARY OF STATE LAHASSEE FLORIDA	
Enclosed is a check for the following amount:	>' ∨	
(additional copy is enclosed) Certified Co	of Status &	

MAILING ADDRESS:

TO: Registration Section

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

A Happily Ever A	fter Floral, LLC	
(A F	Jability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	•	and assigned
Florida document number <u>L1100009 Cd</u>	<u> </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
The new name must be distinguishable and contain the words	s"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		- ≠ 0: ≥
B. If amending the registered agent and/or	registered office address on our records, ent	er the minutes the line
registered agent and/or the new registered office		
		SSEI
Name of New Registered Agent:		
New Registered Office Address:		SIX :
	Enter Florida street address	A N
_	, Florida	
	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>	<u>Address</u>	Type of Action
Vice President	Brian C Ivey	904 Colendule Lane	_ ⊠ Add
	1	Orange Park, FL 32065	□ Remove
			Change
			□ Add
		· -	□ Remove
			Change
		<u></u>	□ Add
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