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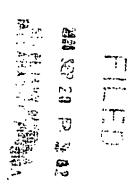
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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### **COVER LETTER**

Division of Corpo	rations		
s: вјест: <u>Воуи</u>	row Beach Flore. Name of Limite	15T	
,	Name of Linux	ed Elaonity Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Karina R	oth-Pfeffer Name of Person	le ~
	Boynton	Beach Flores Firm/Company	34
	640 E Oce	au Ave #3	
	Boynton? The Roynton? E-mail address: (10	Reach T. 32 City/State and Zip Code  Peach Florist 6 be used for future annual report notifi	Mail. Com
For further information cond	cerning this matter, please cal	ŭ	
Classica Rott Name of Po	1-Peferle	at (561) 136 Area Code Daytime	8378 Telephone Number
Enclosed is a check for the f	ollowing 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)

TO:

**Registration Section** 

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 AMENDME. TO ARTICLES OF ORGANIZATION **OF**

Bowton Beach Florist Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company wer	e filed onand assigned
The Articles of Organization for this characteristics of Organization for the Organization for this characteristics of Organization for the	
Florida document number / 2000033150	
This amendment is submitted to amend the following:	
A If amending name, enter the new name of the limited liabilit	y company here:
A If amending name, enter the	The winting "L1 C"
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)	<b>3</b> / <b>2</b>
17 medput = M	7 AM
	Control of the second
va Pauklas	
Enter new mailing address, if applicable:	-11.
(Mailing address MAY BE A POST OFFICE BOX)	7.64
	The state of the s
	blace or our records, enter the hame of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>same</u>
<u> </u>	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 t 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

ANIDIC III			Type of Action
<u>Title</u>	<u>Name</u>	Address	
MBR	Rick Pfefferte	10687 Maydya Ct	
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