## Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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Account Number : 076077001702 Phone : (407)841-1200

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

bdewar@dewarnurseries.com Email Address:

> LLC AMND/RESTATE/CORRECT OR M/MG RES!GN DEWAR WOODDRIFT LLC

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DEAN MEAD ORLANDO

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## ARTICLES OF ORGANIZATION OF

2012 DEC -7 SECRETARY OF STATE TALLAHASSEE, FLORIDA

		i Heredi Marchael Forman	
	DEWAR WOODDRIFT L		
(Name of the Limited Liab (A Flori	ility Company as it now appears on ou ida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 09/13/2	2012 and assigned	
Florida document number L12000117454			
	<del></del>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:	,	
Dewar Floral 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 AL	DDRESS)		
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Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	,	
l II	<u> </u>	,	
B. If amending the registered agent and/or re		cords, enter the name of the new	
registered agent and/or the new registered office	address here:		
	•		
Name of New Registered Agent:			
New Remistered Office Address:			
İ	Enter Florida street address , Florida		
!			
11	City	Zip Code	
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered ago the provisions of all statutes relative to the prope accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	r and complete performance of my d agent as provided for in Chaptur tered office address, I hereby confit	duties, and I am familiar with and 608, F.S. Or, if this document is	
<b>;</b>	If Changing Registered Agent, Sign	ature of New Registered Agent	
' 			

Page 1 of 3

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	2 12:20 FAX 4074231831	DEAN MEAD ORLANDO	☑ 003
If amendin or Managir	g the Managers or Managing Member being added or	((H12000287305 3))) ng Members on our records, enter the title, nan removed from our records:	e, and address of each Manage
MGR = Ma			·
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12/07/2012 12:21 FAX 4074231831	DEAN MEAD ORLANDO	☑ 00
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D. If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	!
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Dated December 7	2012	
Dated		
		•
Signature	of a member or authorized representative of a member	
· · · · · · · · · · · · · · · · · · ·	iizabeth & Alexandra Floriculture LLC, Sole Memb∌r of Dewar Wooddrift i	LLC :
The state of the s	Typed or printed name of signee	
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j <b>j</b> !	Page 3 of 3	
i ji	Filing Fee: \$25.00	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA