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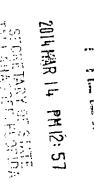
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MAR 17 2014 T CLINE

COVER LETTER

TO: Registration Section **Division of Corporations** Emanate Design 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: Tiffany L. Braun Name of Person **Braun's Fine Flowers** Firm/Company 2820 16th Street North Address Saint Petersburg, FL 33704 City/State and Zip Code tiffanyb@braunsfineflowers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John T. Braun Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee & Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emanate Design LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1300040550	were filed on March 17th, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Braun's Fine Flowers L.L.C.		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2820 16th Street North	
(Principal office address MUST BE A STREET ADDRESS)	Saint Petersburg, FL 33704	
Enter new mailing address, if applicable:	2820 16th Street North	700 E 70
(Mailing address MAY BE A POST OFFICE BOX)	Saint Petersburg, FL 33704	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> **Type of Action** John Thomas Braun 136 70th Ave North MGR **■** Add Saint Petersburg, FL ☐ Remove 33702 ☐ Add ☐ Remove □ Add ☐ Remove □ Remove □ Add _□ Remove

D. Í	lf am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		
C.	The ef	ctive date, if other than the date of filing: (optional) ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
	Date	March 12 2014
		Signature of a member or authorized representative of a member
		Tiffany L. Braun
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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