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From:

Account Name

: KIM MARKS CPA

Account Number : I20120000072

Phone

: (305)895-5815

Fax Number

: (305)895-6273

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRENCH FLORAL DESIGNS LLC

Certificate of Status	0
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Page Count	01
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D. SCOTT APR 2 1 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRENCH FLORAL DESIGNS LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability ( Florida document number L13000163365	Company were filed on NOVE	MBER 21, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ited liability company here:	•
JAZY LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
<u>-</u> , ,,		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stared office address on or	records enter the name of the
registered agent and/or the new registered office add		No PET
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	
•	Enter Pioriaa	ireer adaress
	CH.	, Florida
The state of the s	City	∑∯ Cotté
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as 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

Page 1 of 3

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B4/20/2017 16:54 3058956273  PAGE 03/04  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				
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20/2017 16:54 3058956273 amending any other information, ente	er change(s) here: (Attach add	itional sheets, if necess	PAGE 0 777.)
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APRIL 20	2017	·	
ated Article 20	*		
			·
Signature o	of a member or authorized representat	ive of a member	

Page 3 of 3

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