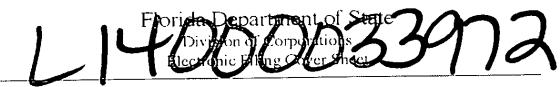
To: 18506176383 From: 12143052508 Date: 06/12/18 Time: 12:01 PM Page: 01/04

6/12/2018

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED ZEN GARDEN - FLOWERS & MORE, LLC

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06-12-18:01:26PM:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEN GARDEN-FLOWERS & MORE, LLC		
(Nam) of the Limited Linhiller Compa- (A Florida Limited L	ny na Ichow nppears on c nability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number £14000033972	were filed on <u>2/27/20</u>	4 and assigned
This amendment is submitted to amoud the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be dissinguishable and comain the words "Limited Liabil	ity Company," the designs	tion "LLC" or the ubbreviation "C.L.C."
Enter new principal offices address, if applicable:		
•		
Principal office address MUST BE A STREET ADDRESS!		
Enter new mailing address, if applicable:		主
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
training unuress MAT DE AT GOT OF TTOLERAND		<u>:-</u>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Acc uddress on our L	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	vei address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ze to act in this capa performance of my o provided for in Chav	ter 605, F.S. Or, if this document is
TO.	value Degistered Agent	January of New Registered Aveni

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To: 18506176383 From: 12143052508 Date: 06/12/18 Time: 12:01 PM Page: 03/04 (((H180001763273)))

If amending Authorized Person(s) authorized to manage, enter the fille, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ALEXIS MONROY	4806 NW 167 ST	□ Add
		MIAMI, FL 33014	≅ Remove
			Clange
MGR	RAUL GUERRA	4806 NW 167 ST	≌ Add
		MIAMI, FL 33014	
			O Change
		·	[] Add
			Remove
			Change
			Remove C
			III Changes III
			<b>(</b>
			Change
			☐ Remove
			C Change

To: 18506176383 From: 12143052508 Date: 06/12/18 Time: 12:01 PM Page: 04/04 (((H180001763273))) 06-12-16:01:26PM; D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OA E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated JUNE 8 2018

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Signature of a member opauthorized representative of a member

Typed or printed name of signer

RAUL GUERRA

Filing Fee: \$25.00