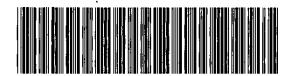
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(Re	equestor's Name)	
(Ac	ddress)	
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(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER*

TO: Registration S Division of Co			
Rosy Lif	e LLC		
SUBJECT:	Name of Lin	nited Liability Company	A.C
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Vickie Terry		
		Name of Person	
		Firm/Company	
	2002 Pritchard Point Dr.		
		Address	
	Navarre, FL 32566		
		City/State and Zip Code	
	flowersbygigi@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Vickie Terry		850 939-1567	
Name	of Person		Telephone Number
Enclosed is a check for	the following 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 2015 MAY 28 AM 8: 33 OF CEODE TABLE OF CTATES

SECRETARY OF STATES FALLAHASSEE, FLORIDA

Rosy Life LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company v	vere filed on _	April 20, 2015	and assigned
Florida document numberL15000068236	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabil	ity company	<u>here</u> :	
Flowers by GiGi LLC				
The new name must be distinguishable and contain the words "Li	imited Liabilit	y Company," th	e designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI)	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:			on our records	, enter the name of the nev
New Registered Office Address:				
A TOWN STORE OF THE STORE OF TH		Enter F	lorida street addres.	s
	, Florida City Zip Code			
		City		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	l complete p agent as pr cred office a	erformance ovided for in	of my duties, an Chapter 605, i	nd I am familiar with and F.S. Or, if this document is
	If Chang	ing Registered	Agent, Signature o	of New Registered Agent

or removed	from our records:		
MGR = N AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			☐ Add
			Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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fective date, if other than that an effective date is listed, the date is	nust be specific and cannot be price	or to date of filing or more than	(opuonai) n 90 days after filing.) Pur	suant to 605.0207
ote: If the date inserted in this ocument's effective date on the	block does not meet the appli	cable statutory filing requi	rements, this date will	not be listed as t
seament serieetive date on the	Department of State 3 record	3,		
record specifies a delay	ad affactiva data, but a	at an offactive time	at 17:01 a.m. on t	
The 90th day after the re	ecord is filed.	or an enective time,	at 12.01 a.m. on t	f " - " - " - " - " - " - " - " - " - "
,				
May 22	2015			SSE SEE
	,	·		
(JA	bo de	~~~		- C J
	Signature of a member or aut	norized representative of a me	ember	

Page 3 of 3

Filing Fee: \$25.00