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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kitanim Flower 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:
Meredith Clarin
Name of Person Kitanim
8885 SW 1315t Street
Miani FC 33176
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meredith Clarin at 732 740 5548 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & \Bigcup \\$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 ARTICLES OF ORGANIZATION **OF**

Kitanim Flower 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 were filed on 1/22/16 · and assigned Florida document number <u>L16000158</u> . 77
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Kitanim Flowers LLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Sance) 8885 SW 13/5+Street
Principal office address MUST BE A STREET ADDRESS) MICHAEL
33176
Enter new mailing address, if applicable: (Sana) 8885 Sw 13/ST Street
Mailing address MAY BE A POST OFFICE BOX) 17 [1 U V U F C 33176.
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
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:
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 anefamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. GR, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

ANIBK = A	autnorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		<u></u>	☐ Change
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			Remove
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it amending any other information, enter change(s) here: (Attach additional sheets, if he	•
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f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, a document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12:0:	1 a m on the earlier of:
The 90th day after the record is filed.	t a.m. on the earlier or.
Dated Jan. 28 p., 2016.	
	28 1
Signature of a member or authorized representative of a member Meredith ((arir))	HASSET
Typed or printed name of signee	D IZ: I
Page 3 of 3	ATE RIDA
Filing Fee: \$25.00	