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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hummingbirds Flowers & Gifts, 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:
Robert A. Archer, Jr. Name of Person
Hummingbirds Flowers & CIFTS, LLC
4861 W. Spencer Field Rd.
Pace, Fl 32571  City/State and Zip Code
Lumminghirds Flowers @ amail. Can  E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Beth Archer at (850) 384-6957 or 850-995-962.  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

#### 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

Humming birds (Name of the Limite)	Flowers  d Liability Company as  A Florida Limited Liabili	It now appears on our	records.)	<u></u>	
The Articles of Organization for this Limited Lia Florida document number <u>L/600017</u>		e filed on <u>/-2(</u>	5-16	and assigne	d
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of HUMMING FIOU. The new name must be distinguishable and contain the wo	ers LEI	rents, L		reviation "L.L.C."	<u>.                                    </u>
Enter new principal offices address, if applica	ble:				
Principal office address MUST BE A STREET	<u>ADDRESS)</u>				
Enter new mailing address, if applicable:				) )	
Mailing address MAY BE A POST OFFICE B	<u> </u>			L	
B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	ice address here: Robert A 4861 W. S Pace	address on our r	Jr. Field K	he name of t	<u>he new</u>

#### 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 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 Title Name Address Type of Action MGR Elizabeth Archer 4111 N. Cambridge Way DAdd

Pacl, FL 32571 Remove ☐ Change □ Add ☐ Remove \_ Change ☐ Change: ⊂□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

\_□ Change

	Amendment to change name change	
_	Amendment to change name, change registered agent à remove a MGR.	
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ote:	ve date, if other than the date of filing: 1/-27-/8 (optional) certive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listernt's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er o
	27 NOV 2018	
ited .		
ited .	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00