L16000018611

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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D. SCOTT DEC 2 7 2016

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Favola, LLC	2		
SUBJEC		Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		John Romano	·	
			Name of Person	
		Favola, LLC		
		·	Firm/Company	
		400 SW 1st AVE #2609		
			Address	
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		john@teabloom.com		
		E-mail address: (to be used for future annual report notifica	ation)
For furth	er information c	oncerning this matter, please ca	all:	
John Ror	mano		954 297-3211 at ()	5 St. 6
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		Elephone Number
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & W Certified Copy (additional copy is englasted)

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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Favola, LLC				
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)			
(**************************************	, , , , , , , , , , , , , , , , , , ,			
The Articles of Organization for this Limited Liability Company	were filed on 01-27-2016	and assigned		
Florida document number L16000018611				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Teabloom, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	400 SW 1ST AVE #2609			
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301			
Enter new mailing address, if applicable:	400 SW 1ST AVE #2609			
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33301			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the nev		
		TAS:		
Name of New Registered Agent:		語 居 日		
New Registered Office Address:		7 0		
	Enter Florida street address	3 H		
	, Florida	Zin Code		
New Registered Agent's Signature, if changing Registered Agent:	•	30 Sept. 13		

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 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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		<u></u>	☐ Remove
			☐ Change
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fective date, if other than	ine date of filing:	01-01-2017		(optiona)		
in effective date is listed, the date of the date inserted in this issument's effective date on the	s block does not med	et the applicable				
record specifies a dela The 90th day after the i		te, but not an	effective time	, at 12:01 a.m	, on the 基路	earlie
12-19-2016					¥ CR CR	030
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Typed or printed name of signee

Filing Fee: \$25.00