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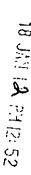
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O SIMMONS

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COVER LETTER

TO: Registration Section Division of Corporations	£
SUBJECT: Flowers and Gir-	ts by Madelaine
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Madelaine	Ford Name of Person
Flowers and 6.	Firm/Company Wadelawe
1438 SW Sea	Hawk way
Polm city, ci	FL 34990 ly/State and Zip Code
Flowersby made E-mail address: (to be	delanceannail. Con used for future annual report notification)
For further information concerning this matter, please call:	
Madeline Food Name of Person	_at (954) 849 -0093 Area Code Daytime Telephone Number
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$\text{\$\text{\$\text{Certificate of Status}}}\$	1 \$55.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L160002333332</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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 ew 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 rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

IGR = M	lanager authorized Member		
<u>ītle</u>	Name	Address	Type of Action
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			Change
			Add
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□ Change

If amending any other information, enter change(s) here: (Attach additional sheets.	if necessary.)
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) sys after filing.) Pursuant to 605.0207 nts, this date will not be listed as t
he record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated January 8th 2018.	
Signature of a member or authorized representative of a member	<u> </u>
Madelaine Ford Typed or printed name of signee	!
Types of primad mains of signic	
Page 3 of 3	

Page 3 of 3

Filing Fee: \$25.00