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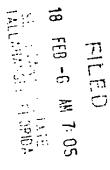
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J. LEGGETT FEB 0 8 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: El Kiosko del Azucar, 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:
Sonzalo Davila Name of Person
El Kiusko del Azucar, LLC Firm/Company
3482 Patterson Heights Dr. Address
Haines City FL 33844 City/spate and Zip Code
E-mail-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sonzalo Davila at (863) 422-5973 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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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**

El Kiosko del A	zucar LLC
El Kiosko del A (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Flowers Forever The new name must be distinguishable and contain the words "Limited Liability".	by Aly, LLC
The new name must be distinguishable and contain the words "Limited Liabilit	y Company, "the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: A: 08
(Principal office address MUST BE A STREET ADDRESS)	- H H
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer rioriaa sireet aaaress
	, Florida
	City Zip Code
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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> .	<u>Name</u>	Address	Type of Action
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Sective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applications becament's effective date on the Department of State's records.	to date of filing or more th		ng.) Pur		
e record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time	, at 12:01 a.m	on '	the ea	arlie
Dated January 31 . 2018					
Dated January 31 . 2018					
Dated January 31. 2018 Signature of a member or author	vized representative of a	member		-	_
Signature of a member or author Typed or printe	orized representative of a	member	_		_

Page 3 of 3

Filing Fee: \$25.00