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## COVER LETTER

Div	ision of Corp	orations	**	
SUBJECT:	Flowers By I	Design LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Jeffrey D. Marks Esq.		
			Name of Person	
		Law Office of Jeffrey D. M	larks PC	
			Firm/Company	
		415 Clifton Avenue		
			Address	
		Clifton, New Jersey 07011		
			City/State and Zip Code	
		ctoms100@aol.com		
		E-mail address: (t	o be used for future annual report r	notification)
For further in	nformation co	ncerning this matter, please ca	ıll:	
Jeffrey D. M	larks Esq.		973 253-8855 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Registration Section** 

TO:

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

Flowers By Design LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number L17000071824	any were filed on March 29, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability 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)	28 7 N
	CO TO THE PARTY OF
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	3 7 7000
	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the name:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
·	Enter Florida street address
	, 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		c/o 2350 Cherry Palm Road, Boca I	Remove
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ated	April 25	, ,	2017	. •		
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Typed or printed name of signee

Filing Fee: \$25.00