## L17000123577

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:	MIAMI F	LOWERS AND GIFTS, LLC		
		Name of Limi	ted Liability Company	
The enclosed.	Name of Limited Liability Company  Inclosed Articles of Amendment and fee(s) are submitted for filing  EILEEN SOSA    Name of Person			
Please return a	all correspo	ndence concerning this matter t	o the following:	
		EILEEN SOSA		
			Name of Person	
		MIAMI FLOWERS AND	GIFTS, LLC	
			Firm/Company	
		5055 NW 74 AVE, UNIT	# 9	
			Address	
		MIAMI, FL 33166		
			City/State and Zip Code	<del></del>
		eileensosa25@gmail.com		
		E-mail address: (to	o be used for future annual report notif	ication)
For further inf	formation c	oncerning this matter, please ca	II:	
EILEEN SOS	SA		at (	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 Fil	ling Fee		Certified Copy	Certificate of Status &

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

WIAWI FLOWERS AND GIFTS, LLC				
(Name of the Limited Liability Compan (A Florida Limited L	iv as it now appe: iability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company ( Florida document numberL17000123577	were filed on	06/07/2017	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company l	<u>nere</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the abbi	reviation "L	.L.C."
Enter new principal offices address, if applicable:				-9
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	NSE SE
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Enter new mailing address, if applicable:				25.4.C
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Mailing address MAY BE A POST OFFICE BOX)			<del></del>	<u>- 건간</u> - 호드
		<del>.</del>	വ	7.
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:		n our records, enter t	he name	of the
New Registered Office Address:				
New Registered Office Addless.	Enter Fie	orida street address		
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agre	e to act in this	canacity I further gare	e to com	ahe with

If Changing Registered Agent, Signature of New Registered Agent

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 = Authorized Member

Title	<u>Name</u>	Address	Type of Action
VICE	MARIA VICTORIA ARIAS	5055 NW 74 AVE. UNIT #9	□ Add
		MIAMI, FL 33166	■ Remove
		***************************************	☐ Change
MGR	MARIA VICTORIA ARIAS	5055 NW 74 AVE. UNIT #9	
		MIAMI, FL 33166	■ Remove
			Change
PRES	EILEEN SOSA	5055 NW 74 AVE. UNIT #9	Add
		MIAMI, FL 33166	■ Remove
			Change
			Add
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	be specific and cannot be prior to date of filir	(optional) ng or more than 90 days after filing.) Pursuant to 605.0	
ote: If the date inserted in this block ocument's effective date on the Dep		ry filing requirements, this date will not be listed	a as
record specifies a delayed The 90th day after the reco		tive time, at 12:01 a.m. on the earlie	rο
AUGUST 10	2018		
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	ignature of a member or authorized represe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00