# LI7000 158172

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(Ad	dress)	
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(Cit	cy/State/Zip/Phone	e #)
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OCT 17 2017 J. HARRIS

### **COVER LETTER**

TO: Registration Section Division of Corpor		•					
SUBJECT:	TR STREET	GIFT BASKETS	uc				
	Name of Limit	ted Liability Company					
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.					
Please return all corresponde		-					
ricase return an corresponde	nee concerning and matter to	o the following.					
	M18 054	AVA LYNG					
		AVA LYNG Name of Person					
	CENTER	STREET BIFT.	GASKETS ICC				
		STREET 817.					
	905 700	NU HAIL ANG					
		Address					
	JUPITET	< \$1. 33458	?				
		City/State and Zip Code					
TUPÎTER ‡L. 33458  City/State and Zip Code  CEUTERSTREET BÎFLSHFFS @ EMFIL. COM  E-mail address: (to be used for future annual report notification)							
			notification)				
For further information conce	erning this matter, please ca	11:					
MIROSCAVA	LYNE	at (57/ 32 Area Code Da	4-4315				
Name of Per	rson	Area Code Da	ytime Telephone Number				
Enclosed is a check for the fo	ollowing amount:						
Section 25 Section 10	□ \$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)				

#### 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

## TO ARTICLES OF ORGANIZATION OF

CENTER STREET GIFT BASKETS LLC

(Name of the Limited Liability (A Florida I	Company imited Lia	as it now appear bility Company)	s on our r	ecords.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L/7000/58/32</u> .  This amendment is submitted to amend the following:		ere filed on	TULY	24 2	017- a	ınd assiş	gned
A. If amending name, enter the new name of the limit							
The new name must be distinguishable and contain the words "Limite	ed Liability	Company," the d	esignation	"LLC" or the	e abbrevia	tion "L.L	.C."
Enter new principal offices address, if applicable:	MIROQ,	NA	LYN	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)		905 1	DUNT	1ALL 4	V6.	20	
	JUPi	TER	FL. 3	3458	<u> </u>	<u>""[]</u>	
Enter new mailing address, if applicable:		Company," the d  MIROL,  905 7  TUP;				716	ement of
(Mailing address MAY BE A POST OFFICE BOX)				2.5 7.7% 4.5		30.5	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses and the registered agent and/or the new registered office addresses agent and/or the new registered office addresses agent and/or the new registered office addresses agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent a	ess here:				•••	•	
Name of New Registered Agent:	112050	LAVA L	YNG				
New Registered Office Address:	5 TO	AVA L WN HALL Enter Flor	AUT.	JUPITE	ER	FL	
JU		PÎ DER City		_, Florida <u>3</u>		3418	
New Registered Agent's Signature, if changing Registered		City			Zip	Code	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con	nd agree			-	~		•

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		NORTH PALM BEJOH FL. 33410	Remove
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E. Effective	date, if other than the date of filing: (option	nal)		
<u>Note:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fithe date inserted in this block does not meet the applicable statutory filing requirements, this continues the statutory filing requirements.	ling.) Purs date will	not be	605.0207 (3)(b) listed as the
documen	t's effective date on the Department of State's records.			
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.	m on t	ha az	rlior of
	Oth day after the record is filed.	m. on c	iic ca	iller or.
	10 10 0 13			
Dated	10-10-2017 Suueslan Dy			
	Aucerlan I	34	2517	
	Signature of a member or authorized representative of a member	7	2817 DCT	
	11100011111 11110		9 1	EMELTO II
	MIDOSLAVA LYNG Typed or printed name of signee	+ +1 == + ec.≱ 	PH	Fred St.
			င်း	শ্রেশ ১৬
	Page 3 of 3	केंद्र पि: ेंद्र सेंग	()]	

Filing Fee: \$25.00