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Certified Copies	_ Certificates	of Status
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COVER LETTER

то:	Registration Sec Division of Corp			
CHD ICA		TATED FLORAL CAFE LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of i	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Rose Marie Thompson - B	ailey	
			Name of Person	
SOPHISTICATED FLORAL CAFE LLC Firm/Company				
			Address	
		Sunrise FL 3332		
			City/State and Zip Code	
sunrosebouquet@gmail.com				
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ea	afl:	
Rose M	arie Thompson -	Bailey	347 856-2207	
	Name of	Therson	at () Area Code Daytime	Felephone Number
Enclosed	J is a check for th	e following amount:		
\$25.	00 Filing 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)

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

Sophisticated Floral Cafe LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on <u>07/31/2017</u>	and assigned
Florida document number L17000162076		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
Sophisticated Flowers & Events LLC		
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	EDID JUN 11 TALL AHASSEE
New Registered Agent's Signature, if changing Registered Agent:		5

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
MGR	Rose Marie Thompson - Bailey	8015 NW 21 Street Sunrise FL 33322	■ Add
			☐ Remove
			Change
			Remove
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			Remove
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing.) Pursua	int to 605.0207 (3 of be listed as th
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on th	e earlier of:
ited June 6th		

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Typed or printed name of signee

Filing Fee: \$25.00