7/9/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000208589 3)))



H190002085893ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:			: -
	Division of Co	rporations	• •
	Fax Number	: (850)617-6383	: •
From:			•
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	· -
	Account Number	120000000146	•
	Phone	: (305)444-4994	٠.
	Fax Number	: (305)444-4977	-
			•
			_
		is for this business entity to be used for ings. Enter only one email address please.	
Ema	ill Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARY'S FLOWER CART LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

			_	_				
T	G	Ľ	2	3	•	-	•	_

JUL 1 0 2019

Electronic Filing Menu

Corporate Filing Menu

Help

11015

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) illity Company)
The Articles of Organization for this Limited Liability Company we Florida document number L19000139706	ere filed on 05/24/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	9
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	: <del>u</del>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the nev
Name of New Registered Agent:	
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>	Name	Address	Type of Action
AMBR	ANA M. ALMEIDA	5373 WEST 11 AVE	Add
		HIALEAH, FL 33012	□ Remove
			□ Change
			O Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Chänge
			☐ Remove
			□ Change
			□ Remove
			☐ Change
		_	Add
			П Remove
			Change

		· .	6107
		:	
		<del></del>	<u> </u>
		<del> </del>	
		<u> </u>	
			·
		·	
			<del></del>
ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this blocument's effective date on the D	e date of filing:  st be specific and cannot be prior to date of not dock does not meet the applicable statute epartment of State's records.	(optional) ling or more than 90 days after filing.) P ory filing requirements, this date wi	ursuant to 605.026 ill not be listed a
e record specifies a delayed The 90th day after the rec	d effective date, but not an effe ford is filed.	ective time, at 12:01 a.m. or	n the earlier (
TALY 9	2019		
ated			
TALY 9	Ana M. Almeida		