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COVER LETTER

TO: Registration S Division of Co			
Organized SUBJECT:	Chaos, LLC Name Change to	Flamingo Flowers & Plants, LLC	
30b/EC1	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresponden	ondence concerning this matter	r to the following:	
	Bonnie Denning-Royal		
		Name of Person	MUFEB-2
		Firm/Company	
	18120 Riverchase Court		
	· · · · · · · · · · · · · · · · · · ·	Address	177
	Alva, FL 33920		
	bonnie@solandre.com	City/State and Zip Code	
For further information of	E-mail address: concerning this matter, please c	to be used for future annual report noticall:	fication)
Bonnic Royal		863 517-4496	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Organized Chaos, LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now ida Limited Liability Con	appears on our records	F)
The Articles of Organization for this Limited Liability	Company were filed	on 5/28/2019	and assigned
Florida document number L19000141135			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability comp	any here:	
Flamingo Flowers & Plants, LLC			702
Flamingo Flowers & Plants, LLC The new name must be distinguishable and contain the words "Li	imited Liability Company	" the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	700 Sout	th Main Street	
Principal office address MUST BE A STREET ADD	ORESS) Unit #4		
	LaBelle,	FL 33935	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable: (SAM	18120 Ri	iverchase Court	- 17
Mailing address MAY BE A POST OFFICE BOX)		orida 33920	
. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:	ed office address on	our records, <u>enter t</u>	he name of the new regis
New Registered Office Address: 700 S	South Main Street #4		
	En	ter Florida street address	
LaBo	elle	, Flor	rida
	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
MGR	Derik Christopher Royal	18120 Riverchase Court	≅ Add
		Alva, FL 33920	□ Remove
			☐ Change
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			□ Remove □ Change
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		-	□Remove
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an effective date ote: If the date	ective date on the						
an effective date Note: If the da Nocument's effe	ective date on the	yed effective da record is filed.	ate, but not a	n effective tim	e, at 12:01 a.	m. on the	earlier o
an effective date Note: If the da Nocument's effe	ective date on the ecifies a delay ay after the r	record is filed.	2024	n effective tim		m. on the	earlier o