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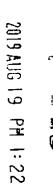
(Requestor's Name)
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(City/State/Zip/Phone #)
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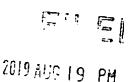
TO: Registration S Division of Co			
SUBJECT:	IMORIS LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LOURDES	S V. ELIBS	
	· ·	Name of Person	
	AMORIS	S LLC	
	 ;	Firm/Company	
	9577 F	FARDING AVE	
	AMORIS LLC		
	SURFSIDE	e, FL 33154	
		WERS (GNIAIL	
		·	(Cattory)
For further information of	-		
LRURDES	V. ELIAS	at (786, 287	2. 8228
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	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)

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



AMORIS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/25/2019}{}$ and assigned Florida document number 6 19000191178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMORIS FLOWERS & EVENTS LLC
name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the nev registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		 	Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
		 .	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change

	
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Effective date, if other than the date of filing:	nt to 605.0207 (3 t be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the) The 90th day after the record is filed.	e earlier of:
Dated <u>August 15th</u> <u>2019</u> . Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00