Florida Department of State Division of Corporations Electronic Filingue Over Sheet

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	Division of Corporat	ions		
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From:				<u>.</u> ''
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	Account Number : I20	200000010		·
	Phone : (40	7)777-7470		
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COVER LETTER

TO:	Registration Sect Division of Corpo	ion - 14 prations	200000 570443
ON TOWN YO		ONAL BUSINESS FLOWE	RS LLC
SUBI	ECT:	Name of Lin	nited Liability Company
The er	oclosed Articles of A	mendment and fee(s) are sub	omitted for filing.
Please	return all correspond	dence concerning this matter	to the following:
		MARIA E MENDEZ CR	J Z
			Name of Person
			Firm/Company
		10171 NW 58TH ST UN	•
			Address
		DORAL FL 33178	
			City/State and Zip Code
		E-mail address:	(to be used for finure annual report notification)
For fu	rther information co	ncerning this matter, please	call:
ERIF	CA E MENDEZ CRU	JZ	786 4489740 at ()
	Name of	Person	Area Code Daytime Telephone Number
finclo	sed is a check for the	following amount:	
	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

H200000570443.

INTERNATIONAL BUSINESS FLOWERS LLC

(Name of the Limit	(A Florida Limited L	lability Company)	<u>s</u>
The Articles of Organization for this Limited Li Florida document number <u>L20000014083</u>	ability Company	were filed on 01 - 07 - 2020	2000 FEB 2
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC	
Enter new principal offices address, if applic	able:	10171 NW 58TH ST UNIT 1	
(Principal office address MUST BE A STREE		DORAL FL 33178	
Enter new mailing address, if applicable:		10171 NW 58TH ST UNIT	1
(Mailing address MAY BE A POST OFFICE	BOX)	DORAL FL 33178	
mang dan 135 mari bb 121 bb 121 bb 121 bb	<u>2029</u> .		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office : ss here:	address on our records, ente	the name of the new registered
New Registered Office Address:	10171 NW 58	TH ST UNIT 1	
TOW TO BUILD THE TOWN		Enser Florida street addre	ess
	DORAL		Florida 33178
		City.	Zip Code
New Registered Agent's Signature, if changing	Registered Agent		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of my duties. o provided for in Chapter 605	and I am familiar with and I, F.S. Or, if this document is
		Lawn M.	(Non Daddon dame)
	lf Cba	inging Registered Agent, Signature	e 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: H200000570443

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA E MENDEZ CRUZ	10171 NW 58TH ST UNIT 1	□Add
		DORAL FL 33178	Remove
			20 FE# 2
			### FE
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ective date, if other than the date a effective date is listed, the date must be sp te: If the date inserted in this block d	ecific and cannot be pri	or to date of filing or t	nore than 90 days after	r filing.) Pursuant to 605 is date will not be list
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cord specifies a delayed effective date is filed.	e, but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day afte
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Filing Fee: \$25.00