## LZ0000031881

(Req	uestor's Name)	
(Addi	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

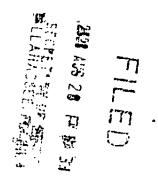
Office Use Only



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### **COVER LETTER**

TO: Registration So Division of Cor			
	The Joy of	Flowers, LLC	
SUBJECT:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ma	ırtha Penagos	
		Name of Person	
	The Joy of Flowers, LLC		
		Firm/Company	
	189	17 Argosy Dr	
		Address	
		Boca Raton, FI 33496	6
		City/State and Zip Code	
	•	anature@gmail.com	fication)
For further information c	oncerning this matter, please c	·	incurony
Martha	a Penagos	954 8268776 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee, 1		The Centre of T	'allahassee e Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Joy of Flo				
(Name of the Limited	l Liability Company as it V Florida Limited Liability	now appears on ou Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number		iled on <u>Janu</u>	ary 27, 2020	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t		mpany here: kin, LLC		
The new name must be distinguishable and contain the wor		•	on "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET)	<del></del>	NA		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	NIA		
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		s on our records		11
			, Florida	Zip Code
	(,1	<i>y</i>		ыр соае

#### 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 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
			□Add
			Remove
			□Change
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
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			☐ Change
<del></del>			
			Remove
			□Change
			□ Add
			□Remove
			□ Change

Onli	ne Store of live small plants arrangements, floral
Arra	angements and Private Label Skincare products .
<del></del>	
	August 27 2020
effective	ate, if other than the date of filing: August 27,2020 (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.
ord ene	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	erries a detayed effective date, but hot an effective time, at 12.01 a.m. on the earlier of. (b) The 90th day after
$A_{\rm bc}$	gust 27. 7.2020.
, <u> </u>	<del></del>

Typed or printed name of signee

# State of Florida Department of State

I certify from the records of this office that THE JOY OF FLOWERS, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on January 27, 2020, effective January 25, 2020.

The document number of this company is L20000031881.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 200203172412-900338985619#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Third day of February, 2020



Laurel M. Lee Secretary of State