11/5/2020

Division of Comporation Electronic Filing Cover Sheets

Note: Please print this page and use it as a cover sheet. iax audit number

(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

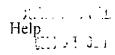
Email	Address:	
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FLORIDA LIMITED LIABILITY CO. TEDDY OF ROSES LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



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•	COVER LETTER
TO: Registration Se Division of Cor	
	F ROSES LLC
SUBJECT:	Name of Limited Liability Company
	·
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	indence concerning this matter to the following:
	Cheyenne Moseley
	Name of Person
	Legalzoom.com, Inc.
	Firm/Company
	101 N Brand Blvd 11th Fl
	Address
	Gleadale, CA 91203
	City/State and Zip Code
	boydpe@mc.com
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Cheyenne Moscley	800 773-0888 at ()
	f Person Area Code Daytime Telephone Number

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee, Certificate of Status &

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

■ \$55.00 Filing Fee &

Certified Copy

(ndditional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TEDDY OF ROSES LLC		
(Name of the Limited Linbility Company as it now as (A Florida Limited Liability Compa	onears on our records.)	
The Articles of Organization for this Limited Liability Company were filed or	n <u>02/13/2020</u>	_ and assigned
Florida document number L20000050835		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	The designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	175 - 44 f	<u>~</u>
<u></u>		- Till 1
	•	(C)
Enter new mailing address, if applicable:	<u>.</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	· ·	<u> </u>
		0
	TH.	ယ္ တို
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the	: name of the ne
Name of New Registered Agent:		
New Registered Office Address:	er Florida street address	
City	, Florida	Zio 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
AMBR	Kathryn Boyd	85691 Black Tern Dr	D 44
		Yulce, FL 32097	O Add
			Remove
			□ Change
AMBR	Patrick Boyd	85691 Black Tern Dr	
	<u> </u>	Yulee, FL 32097	
			Remove
			Change
			🗆 Remove
			□ Change
			□ Remove
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-	Month of the Control
an cli ote:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	OCTOBER 154 , 2020
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00