

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L20000052449

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CLARA GIRALDO ENROLLED AGENT
 Account Number : I199900000017
 Phone : (305)485-9306
 Fax Number : (305)485-1098

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 INTERIOR DESIGN ARTWORK LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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APPROVED
 AND
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2022 MAY - 5 PM 1:48

2022 MAY - 5 AM 9:25

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INTERIOR DESIGN ARTWORK 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 02/14/2020 and assigned Florida document number L20000052449.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARISA'S FLORIST, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A APPROVED AND FILED
2 MAY - 5 PH 1 48
N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address:

Enter Florida street address

Florida

Cin

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated APRIL 29

2022

Signature of a member or authorized representative of a member

MARITZA SAIVAY

Typed or printed name of signee