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(Document Number)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor					
elle lez		ND GIFTBASKETS, LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		TOBY L. FERREL				
			Name of Person			
			Firm/Company	<u> </u>		
		841 CAMPBELL ST E				
			Address			
		LEHIGH ACRES, FL 339	74			
			· · · · · · · · · · · · · · · · · · ·			
		toby@girlfriendgiftbaskets.	com to be used for future annual report notif	ication)		
For furth	ner information c	oncerning this matter, please c				
	L FERREL	c .	239 293-8324			
·	Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclosed	l is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sec			
Division of Corporations			Division of Cor	porations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION	
OF	7	5340
		37
GIRLFRIEND GIFTBASKETS, LLC	one seconds	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	23/10V20 PM 1:29
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
The Articles of Organization for this Emined Education 1		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
		hashbardation "I I C"
TOBY FERREL & ASSOCIATES LLC The new name must be distinguishable and contain the words "Limited Liabil		
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)		
(Maung unaress Mill Bong See		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
HEW ROBINGIOS CALLED THE PARTY OF THE PARTY	Enter Florida street address	
	, Flori	da

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.

City

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
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			□Remove
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ective date, if	other than the	date of filing	2:			(optio	ıal)	
reffective date is	other than the disted, the date must nserted in this blo	be specific and	cannot be prior	to date of filing	or more than	00 days after f	ling.) Pursuant to	605,0207
	ve date on the De			ioic statutory	ming require	cinetts, tills	date will not be	i iisicu as
	delayed effective	date, but not	an effective ti	ne, at 12:01 :	a.m. on the e	arlier of: (b)	The 90th day	after the
is filed.								
ОСТОВЕ	. 24		2023					
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T	by 2 1	0 n Q						
		Signature of a r	nember or author	rized represen	tative of a mer	nber		_
TORV	L FERREL							
1001	WINNEY		Typed or printe					

Filing Fee: \$25.00