## 120000219214

(Re	equestor's Name)	
(Ac	ddress)	<del></del>
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	. <u>.</u>	

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## **COVER LETTER**

то:	Registration Sec Division of Corp		•	•
CIBI		LVERA FLORALS LLC	•	e.
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		SANDY K DELGADO M	MEDINA	
			Name of Person	
		SANDY SILVERA FLOI	RALS LLC	
			Firm/Company	
		1635 SOUTH 21st AVEN	NUE	
			Address	
		HOLLYWOOD, FL 3302	0	• .
			City/State and Zip Code	<u> </u>
		JMACCOUNTING@ATT	NET to be used for future annual report noti	fication)
Box for	ethar information co	ncerning this matter, please or	·	t-5
SAN	DY K DELGADO N 		786 909-8351 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for the	following amount:		
□ s:	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ĵ	Mailing Address Registration Solivision of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Seduction of Coron The Centre of Toron 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDY SILVERA FLORALS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JULY 13, 2023	and assigned
Florida document number 1.20000219214		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1635 SOUTH 21st AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33020	
-		58
		. ;
Enter new mailing address, if applicable:	1635 SOUTH 21st AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FL 33020	<u></u>
		 *s.*.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new register
agent and/or the new registered oritice address here.		
Name of New Registered Agent:	FW -	
New Registered Office Address:	W-11-11-11	
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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 aniending 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	HECTOR JOSE RAGUSA	9935 NOB HILI COURT, APT 9935	≣Add
		SUNRISE, FL 33351	□Remove
			□Change
AMBR	NATALIE OSORIO MORENO	9935 NOB HIL COURT, APT 9935	<b>≣</b> Add
		SUNRISE, FL 33351	□Remove
			Change
			⊡Add
			Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			□Change

HECTOR JOSE RAGUSA HAVE 16.50% OF SH	ARES THE PARTNERSHIP
NATALIE OSORIO MORENO HAVE 16.50% O	F SHARES THE PARTNERSHIP
	10
	<u> </u>
	7
tive date, if other than the date of filing:	LY 13, 2023 (optional)
ffective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 applicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's re	
ord specifies a delayed effective date, but not an effective.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
, JULY 13 202	3
302.13	
$\langle  \rangle m_0 n$	MULA A loca A/lo N /

Typed or printed name of signee