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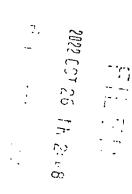
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COVER LETTER

Division of Cor			
SUBJECT: Flow	ver Budz, LI	L C	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Madisor	Name of Person	
	Tru	Bloom Olsign	S
	903 0650	ervatory Pkw.	J
	Jacksonvi	City/State and Zip Code	<u> </u>
	trubloom d	CSIGHS@gMail to be used for future annual report notif	. Com
For further information c	oncerning this matter, please e	all:	
Madison (Joydan Ferson	at (904) 251- Area Code Dayting	C Telephone Number
Enclosed 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)
M.:Ii A.A.		Sa A 4.5	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flower Budz,	LLC
Flower Budz, (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Try Bloom Designs, untransmitted the new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRESS</i>)	903 Observatory Pkwy Jacksonville, Fr 32218
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1 same as above
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	
	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	$\mathcal{L}_{\mathcal{L}}$
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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
MGR	Lauren Powell	903 Observatory PK	<u>wy</u> □Add
		Jacksonville, FL	i\(\overline{\pi}\)Remove
		32218	UChange
			□Add
			□Remove
			Change
			LAdd
			□Remove
			□Change
			□Add
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ocument's enec	tive date on the Depart	ment of Stat	te's records.				
record specifies	a delayed effective date	e, but not ar	ı effective tin	e, at 12:01 a.m.	on the earlier o	f: (b) The 90th da	y after the
is filed.	ober 18th)					
001	8/2022		2022				
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Filing Fee: \$25.00