L20000265956

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3. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: CR	H Goodz LL		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Brittany t	Louchin Name of Person	
	CBH Good	Firm/Company	
	2918 Pine (Cone Gr.	
	Clearwater	City/State and Zip Code 2 9 mail. Com obe used for future annual report notific	
	cbhgoodz@	gradicom of the used for future annual report notific	cation)
For further information c	oncerning this matter, please ca		
Brittany Name o	Houchin Person	at (727) 277- Area Code Daytime	3662 Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	XI \$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		Street Address: Registration Sect	tion

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CBH Goods A	Le	2021 FEB 12
(Name of the Limited	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
Α)	Florida Limited Liability Company)	- 2
The Articles of Organization for this Limited Liab	ility Company were filed on Aug 24,	2020 and assigned
Florida document number <u>L20000 265856</u>	<u> </u>	
This amendment is submitted to amend the follow	ring:	ت
A. If amending name, enter the new name of the	he limited liability company here:	
BriHer's Blooms LLC The new name must be distinguishable and contain the word	total in the Committee of the Committee	SLLC" or the abbreviation "LLC"
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation	EEC of the addressation (E.E.C.)
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
B. If amending the registered agent and/or reg agent and/or the new registered office address		ater the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ddress
		. Florida
	City	Zip 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
			Remove
			Remove
			☐ Change
			□ Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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