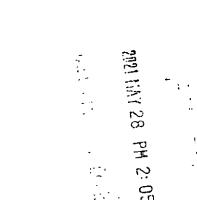
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only





### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Flowers & Co. Florist, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Branden L. Shy Name of Person
Flower Cottage
4500 N. Dixie Highway #31
Oahland Parth FL 33334 City/State and Zip Code
E-mail address: (to be used for litture annual report notification)
For further information concerning this matter, please call:
Branden Shy  Name of Person  at (954) 353 3253  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

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

Howers & Co. Florist, LLC

( <u>Name of the Limited Liability Cor</u> (Λ Florida Limit	mpany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing L 26000 377 3 21	any were filed on 12/02/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	iability company here:
Flower Cottage, LL The new name must be distinguishable and contain the words. Limited L.	ability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	4500 N. Dixie Highway #31
(Principal office address MUST BE A STREET ADDRESS	0011 0.11 0.11
	n in the second
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	andon L. Shy
New Registered Office Address: 5672	Kock Folgaci RD #261  Finter Florida street address
Tamo	rae Florida 33319
	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/Senature 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
CEO	Logan E. Shy	5672 Rock Island RD #261 Tamarae, FL 33319	t Add
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effective date is listed, the date must be specific and If the date inserted in this block does not ment's effective date on the Department of	meet the applicable			
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ord specifies a delayed effective date, but no filed.	ot an effective time.	at 12:01 a.m. on the	earlier of: (b)	The 90th day after t
May 23es	_2021			
Signature of a	mention of authorized	I representative of a mo	ember	
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