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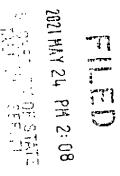
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COVER LETTER

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TO: Registration Section Division of Corpo					
SUBJECT: LOVE	D Flowers (LLC	•		
		ited Liability Company			
The enclosed Articles of Ai	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Diana C.E	Ecteverry		_	
		Name of Person		20	
		Firm/Company		2021 HAY 24	77
	790 SW	107th Ave		17.	ENGLY-
		Address			m
	Pembroke 1	INES, FL, 33025 City/State and Zip Code gmail com to be used for future annual report notifi		PH 2: 08	
	1. 1.	City/State and Zip Code		08	
	E-mail address: (egnail com to be used for future annual report notifi	ication)		
For further information con	cerning this matter, please ca				
Diana C. Eche	<u> </u>	at (30S) 389	-3171		
Name of P	'erson	Area Code Daytime	Telephone Numb	er	
Enclosed is a check for the	following amount:				
L \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy nat copy is enclosed	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>Jánvary 14-2021</u> and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
LOVE DI Flawers LL	<u>C</u>	
The new name must be distinguishable and contain the words "Limited Lial		LC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	021	
		1 19
	24	3
Enter new mailing address, if applicable:	OB P	1
Mailing address MAY BE A POST OFFICE BOX)	100 P	المحيوا
	# D 08	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the ne</u>	w registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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	Davio R. Echeverry	790 Sw 107th Ave Pembroke P	Mes, FL DAdd
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			ŒChange
MGR	Martha C. Silva	790 Sw 107th Ave, Pembroke Pi	NES FL □Add 33025
			□ Remove
***			Remove 2021 HMY 24 DAdd: 1 DAdd: 1 DA Remove 8 Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more the ote: If the date inserted in this block does not meet the applicable statutory filing requestions are effective date on the Department of State's records.	an 90 days afte	tional) er tiling.) l nis date w	Pursuant vill not	t to 605.02 be listed :
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	e earlier of: ((b) The	90th da	iy after ih
ned May 17 . 2021				
× Deleted /x Martha C. Signature of a member or authorized representative of a r	A de la	e oka		4
Diana C. Echeverry / Hartha C. Silva / David Typed or printed name of signee	/			