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T. MATTHEWS NOV 2 4 2021

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: Hummingbird Florist LLC None of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Wendy Aliceal Name of Person
	Firm/Company
	1734 N. Military trl.
	West Palm Beach F1. 33409 City/State and Zip Code
	WStomer Service @ humming bird Flower Shop, com
For fu	ther information concerning this matter, please call:
\	Nendy Atical at (5e) 561-815-1059  Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
□ S2	15.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & \tag{Certificate of Status}\$\$\frac{1}{2}\$\$ \$\$55.00 Filing Fee & \tag{Certificate of Status}\$\$\$\frac{1}{2}\$\$ \$\$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

21 HUM 12 F.1 3: 30 The Articles of Organization for this Limited Liability Company were filed on April 14, 202 and assigned Florida document number 1\_21000176675. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Aut	horized Member		
Title	<u>Name</u>		Type of Action
AMBR	Mina X. Perez	4234 Leo Ln #201 Rivera Bch F1 33410	_ Xvdd
		Rivera Bch Fl 33410	_ □Remove
			_ 🗆 Change
AMBR	William Sanchez	4234 Leo (n #201	_ XAdd
	_	Riviera Boh A. 33410	⊇⊟Remove
			_ □Change
			_ □Add
			_ ∐Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
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			_ 🗆 Remove
			_ □Change

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Effective Can effect	date, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	0207
Note: If	ie date inserted in this block does not meet the applicable statutory fiting requirements, this date will not be listed	d as
documen	s effective date on the Department of State's records.	
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
rd is filed		
	No evolució la acal	
Dated	November 6. 2021	
	MILLIAND	
	Signature of a phember or authorized revesentative of a member	
	Signature of a frequency of audiotized refresentative of a memori	

Filing Fee: \$25.00