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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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21 NOV 12 PM 3:30

T. MATTHEWS

NOV 24 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hummingbird 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:

Wendy Alicea
Name of Person

Firm/Company

1734 N. Military trl.
Address

West Palm Beach, FL 33409
City/State and Zip Code

customerservice@hummingbirdflowershop.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Alicea at (561) 561-815-1059
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

21 JUL 12 04 3:30

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

Title Name Address Type of Action

AMBR Miana X. Perez 4234 Leo Ln #201 ☒ Add
Riviera Bch Fl 33410 ☐ Remove

_____ ☐ Change

AMBR William Sanchez 4234 Leo Ln #201 ☒ Add
Riviera Bch Fl. 33410 ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

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_____ ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 Nov 12 PM 3:30

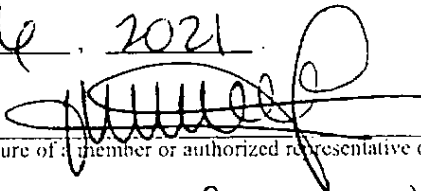
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 6, 2021


Signature of a member or authorized representative of a member

Wendy Alicea
Typed or printed name of signee

Filing Fee: \$25.00