Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

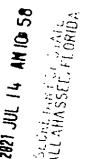
Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOUSE OF THORNS FLOWER SHOP LLC



Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

House of Thorns Flower Shor	LLC	
(Name of the Limited)	Liability Company as it now appears on our records,) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 04/27/2021	and assigned
Florida document number L21000195419	·	
This amendment is submitted to amend the following	ine	
This amendment is submitted to amend the rollows		
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET		
Trincipal office and the		7 2
)21 SEC
Enter new mailing address, if applicable:		- SSE
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	To The
	registered office address on our records, enter	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> eaddress here:	The Traine of the new
registered agent and/or the new registered orice	e address nere.	
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RUGGIERO, ELENA	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	⊠ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			Add
			D Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Aro N	
SECR. ALL N	
	1
PEGRIDA PLORIDA DA	
O7	
E. Effective date, if other than the date of filing: (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 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.)(b)
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 July 14 2021	
Signature of a member or authorized representative of a member	
Morgan Noble	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00