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| (Requestor's Name)                      |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Pflofie #)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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2021 JUH-7 AM 8: 57



## **COVER LETTER**

| TO: Registration Se<br>Division of Co        |   | •  |   |
|--|---|--|---|
| SUBJECT:                                     | Flower and                                      | Flour LLC  |   |
| SUBJECT:                                     |   | nited Liability Company  |   |
|  |   |  |   |
| The enclosed Articles of                     | Amendment and fee(s) are sub                    | emitted for filing.  |   |
| Please return all correspo                   | ondence concerning this matter                  | to the following:  |   |
|  | Andre   | Name of Person   |   |
|  | Flower  | and Flour  |   |
|  | 698 NE 1st A                                    | ve Apt 2809<br>Address   |   |
|  | Miami Fl  | 33132<br>City/State and Zip Code                                       | <del></del>   |
|  |   | Tavnajon Qyahoo, Com to be used for future annual report notification) | ····  |
| For further information of                   | oncerning this matter, please ca                | ali:   | 2021<br>1.50<br>1.4   |
| Andrew Name o                                | (AVVG)ON  | at ( S04 ) (S3 0484 ) Area Code Daytime Telephone No                   | 2021 JUS -7 AT  |
| Enclosed is a check for the                  | he following amount:                            |  | 8: 57   |
| 図 \$25,00 Filing Fee                         | ☐ \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy Cer (additional copy is enclosed) Cer                   | 00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed) |
| Mailing Address Registration S Division of C | Section<br>orporations                          | Street Address: Registration Section Division of Corporations          |   |
| P.O. Box 632                                 | 1   | The Centre of Tallahassee  |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Compa<br>(A Florida Limited)  | ny as it now appears on our records.) Liability Company)        |              |
|--|---|--------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>121000207401</u> .      | were filed on May 4th 2021 and assigne                          | :d           |
| This amendment is submitted to amend the following:  |   |              |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |              |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or the abbreviation "L.L.C. | <del>,</del> |
| Enter new principal offices address, if applicable:  | 698 NE 15 Ave Apt 2809  |              |
| Principal office address MUST BE A STREET ADDRESS)   | Miami F1 33132  |              |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>                          | 698 NE 1st Ave Apt 2809<br>Miami Fl 33132                       |              |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, enter the name of the new reg            | <u>ziste</u> |
| Name of New Registered Agent:  |   | 1 4          |
| New Registered Office Address:   | · · · · · · · · · · · · · · · · · · ·                           | <del></del>  |
|  | Enter Florida street address Florida                            | j            |
|  | City —Zip Code  |              |

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.

in 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 = | <b>Authorized Member</b> |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than  ote: If the date inserted in this block does not meet the applicable statutory filing require  cument's effective date on the Department of State's records. | (optiona<br>90 days after fili<br>rements, this da | al)          | uant to 60<br>of be lis | 5.020<br>te <b>d</b> a |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e is filed.  | arlier of: (b)                                     | The 90th     | day afte                | er the                 |
| is riicu.   |  |              |                         |                        |
|   |  |              |                         |                        |
| ated $\frac{5/3i/2021}{}$   |  |              |                         |                        |
| ated 5/31/2021  |  |              |                         |                        |
| Signature of a member or authorized representative of a mer   | nber   |              |                         |                        |