## L21000267983

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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	_
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## **COVER LETTER**

TO: ,	Registration Sec Division of Corp			
SUBJE	CT: Ha	arlow James Floral, LLC		
SODJE	C1	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspor	ndence concerning this matter	to the following:	
			Jamie Myers	
			Name of Person	<del></del>
			Harlow James Floral, LLC	
			Firm/Company	
			4917 King Richard Road	
			Address	
			Jacksonville, Florida 32210	
			City/State and Zip Code	<del></del>
			harlowjamesfloral@gmail.com	
		E-mail address: (	to be used for future annual report n	otification)
For furth	her information co	ncerning this matter, please co	all:	
	Jamie Myer	rs .	at ( 904 ) 699	9-5470
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed	d is a check for the	e following amount:		
<b>EV</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	
	Registration S		Registration S	
	Division of Co P.O. Box 6327	•	Division of C The Centre of	•
	Tallahassee F			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Har	low James Floral, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on	June 9th, 2021	and assigned
Florida document number <u>L21000267983</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the do	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	ffice address on our re	ecords, <u>enter the nan</u>	ne of the new register
agent and/or the new registered office address here:			9: 50 130 50 100 101
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Flor	ida 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
Manager	Jamie Myers	4917 King Richard Road	I <b>V</b> Add
		Jacksonville, Florida 32210	□Remove
			□ Change
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Note: 1	we date, if other that etive date is listed, the da if the date inserted in t ent's effective date on	his block does not r	neet the applicabl	date of filing or more statutory filing		filing.) Pursuant to 605.	
ne record	specifies a delayed ef d.	fective date, but no	t an effective time	r, at 12:01 a.m. or	the earlier of: (b	) The 90th day after	th
Dated _	October 12th						
_							

. . . .