## 121000315600

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
| (0) (0) (7)                             |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

Registration Section

**Division of Corporations** 

o:

| Emerald G   | ardenia LLC                               |   |   |
|---|---|---|---|
| <b>OBJEC1</b> :   | Name of Lim                               | ited Liability Company  |   |
| he enclosed Articles of   | Amendment and fee(s) are sub              | mitted for filing.  |   |
| lease return all correspo   | ondence concerning this matter            | to the following:   |   |
|   | Maribel G Ortiz                           |   |   |
|   |   | Name of Person  |   |
|   | Emerald Gardenia LLC                      |   |   |
|   |   | Firm/Company  |   |
|   | 405 Summetset Dr                          |   |   |
|   |   | Address   | <del></del>   |
|   | Apopka, FL 32712                          |   |   |
|   |   | City/State and Zip Code   | · · ·   |
|   | hello@gardenia.flowers                    |   |   |
|   | E-mail address: (                         | to be used for future annual report notif   | ication)  |
| or further information  | concerning this matter, please c          | all:  |   |
| faribel G Ortiz   |   | 407 334-8566<br>at ( )  |   |
| Name o  | of Person                                 |   | : Telephone Number  |
| nclosed is a check for t  | the following amount:                     |   |   |
| ■ \$25.00 Filing Fee  | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                             | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addre<br>Registration<br>Division of O<br>P.O. Box 63<br>Tallahassec, | Section<br>Corporations<br>27             | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL | porations<br>allahassee<br>e Street, Suite 810  |

## . 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<br>Liability Company)      | 2)   |
|--|--|--|
| he Articles of Organization for this Limited Liability Company   | were filed on  | and assigned   |
| lorida document number   |  |  |
| his amendment is submitted to amend the following:   |  |  |
| . If amending name, enter the new name of the limited liab   | ility company here:  |  |
| ne new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC"                           | or the abbreviation "L.L.C."                             |
| nter new principal offices address, if applicable:   |  |  |
| Principal office address MUST BE A STREET ADDRESS)   |  | <u></u>  |
|  |  | - 2  |
|  |  | المبيعة<br>الأرابا                                       |
| nter new mailing address, if applicable:   |  |  |
| Mailing address MAY BE A POST OFFICE BOX)  |  | Ï  |
| numing united Mill DD 111 GGT GT 112 GG  |  | =======================================                  |
|  |  |  |
| . If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:   | address on our records, <u>enter t</u>                         | he name of the new registered                            |
| New Registered Office Address:   |  |  |
| New Registered Office Hameso.  | Enter Florida street address                                   |  |
|  | , Flo  | orida  |
|  | City   | Zip Code   |
| ew Registered Agent's Signature, if changing Registered Agent:   |  |  |
| hereby accept the appointment as registered agent and agreevisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ring filed to merely reflect a change in the registered office impany has been notified in writing of this change. | performance of my duties, an<br>provided for in Chapter 605. I | d I am familiar with and<br>F.S. Or, if this document is |
|  |  |  |

If Changing Registered Agent, Signature of New Registered Agent

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

IGR = Manager MBR = Authorized Member

| <u>itle</u> | <u>Name</u>          | Address           | Type of Action |
|-------------|----------------------|-------------------|----------------|
| MBR         | Hugo Ortiz Rodriguez | 405 Summerset Dr. | <b>≣</b> Add   |
|             |                      | Apopka, FL 32712  | Remove         |
|             |                      |                   | □Change        |
| .MBR N      | Maribel G Ortiz      | 405 Summerset Dr  | <b>≣</b> ∧dd   |
|             |                      | Apopka, FL 32712  | □Remove        |
|             |                      | <del>,</del>      | Change         |
| .MBR        | Hugo A Ortiz         | 405 Summerset Dr  |                |
|             |                      | Apopka, FL 32712  | ₹<br>ERemove   |
|             |                      |                   | □É Change      |
| IGR         | Maribel G Oritz      | 405 Summerset Dr  | Change  Add    |
|             |                      | Apopka, FL 32712  | ≣Remove        |
|             |                      | <del></del>       | □Change        |
|             |                      |                   | □Add           |
|             |                      | <del></del>       | □Remove        |
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| tive date if other than the da                | ate of filing:   | (optiona)   | 1)  |
| effective date is listed, the date must be    | ate of filing:e specific and cannot be prior to date of k does not meet the applicable statu | filing or more than 90 days after filing requirements, this day | g.) Pursuant to 605.0<br>e will not be listed |
| ment's effective date on the Depa             | artment of State's records.  | atory fitting requirements, this out                            |   |
|   |  |   |   |
| ord specifies a delayed effective d<br>filed. | late, but not an effective time, at 12   | 2:01 a.m. on the earlier of: (b) 1                              | The 90th day after t                          |
| d Friday, August 20                           | 2021   |   |   |
|   |  |   |   |
|   | 2004   |   |   |
| Si  | gnature of a member or authorized rep  | resentative of a member   |   |

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Filing Fee: \$25.00