

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





07/11/23--01021--012 **25.00





COVER LETTER

SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ALVARO A SANDOVAL	-				
		Name of Person				
	ORNAMENTALES PURA	A VIDA LLC				
		Firm/Company				
	11315 SW 239 ST					
		Address				
	PRICETOWN, FL 33032					
		City/State and Zip Code				
	ornamentalespuravida@gm					
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please c	all:				
ALVARO A SANDOVAL		305 878-6453				
Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			

TO:

Registration Section

Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 11 AM 11:14

ORNAMENTALES PURA VIDA LLC

OKNAMILATALLS FORA YIDA LUC		11.14	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on o ed Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compa			
Florida document number L21000348419			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	- "		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our record	ls, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida str	cet uddress	
	Florida		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my a us provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	

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

<u>Title</u>	Name	Address	Type of Action
AMBR	LUCIANO RAFAEL GARCIA	11315 SW 239 ST	
		PRICETOWN, FL 33032	57 n
MGR MICHAEL EDWIN HEALY	MICHAEL EDWIN HEALY	430 GRAND BAY DRIVE APT, 1007	= Add
		KEY BISCAYNE FL.33149	□Remove
			Change
			□Add
			□Remove
			⊡Change
			□Add
			©Remove
			(☐Change
			□Add
			DRemove
			□Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 06/20/2023 (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. fignature of a member or authorized representative of a member ALVARO A SANDOVAL Typed or printed name of signee

Filing Fee: \$25.00