L21000385820

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (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 Sec Division of Cor | | • | , |
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| CHDIEC | | SOFLOWERS, LLC | | |
| SUBJEC | 1: | Name of Lim | ited Liability Company | |
| The enclo | sed Articles of . | Amendment and fec(s) are sub | mitted for filing. | |
| Please ret | um all correspo | ndence concerning this matter | to the following: | |
| | | RAQUEL A. CASTILLO, | ESQ | |
| | | | Name of Person | |
| | | CASTILLO-MINA LAW | OFFICES, PLLC | |
| Firm/Company 5001 COLLINS AVE. #5C | | | | |
| | | | | |
| Address | | | | |
| MIAMI BEACH, FL 33140 | | | | |
| | | | City/State and Zip Code | |
| | | raqueleastillo@eastillomina | | ***** |
| Kor fireth | or information c | E-mail address: (oncerning this matter, please o | to be used for future annual report no | otification) |
| | | - , | | |
| RAQUEI | L A. CASTILLO | O, ESQ. | 305 213-9208 at () | · <u></u> |
| | Name o | f Person | Area Code Dayt | ime Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ≡ \$25.0 | 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) |
| | Mailing Addres Registration S | | Street Address: Registration S | Section |
| | Division of C | orporations | Division of C | orporations |
| | P.O. Box 632 Tallahassee, I | | The Centre of 2415 N. Mon | Tallahassee roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SO BELLA SOFLOWERS, LLC | | ari se | 20 AH 7: 1.2 |
|---|--|--|---------------------------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | ny as it now appears on ou Liability Company) | r records.) |
| he Articles of Organization for this Limited Li | ability Company | were filed on AUGUST | 30, 2021 and assigned |
| lorida document number L21000385820 | | | |
| his amendment is submitted to amend the folk | owing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| he new name must be distinguishable and contain the w | ords "Limited Liabil | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 8241 SW 90 ST | |
| (Principal office address MUST BE A STREET ADDRESS) | | MIAMI, FL 33156 | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE. | <u>BOX)</u> | 8241 SW 90 ST MIAMI, FL 33156 | |
| B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent: | *.* | address on our records | , enter the name of the new regist |
| New Registered Office Address: | 8241 SW 90 ST | • | |
| New Registered Office Address. | - | Enter Florida stre | et address |
| | MIAMI | | , Florida 33156 |
| | | 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, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| Title | <u>Name</u> | Address 3421 SEP 20 Ail 7: 42 | Type of Action |
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| e date, if other than the date of filing: | (optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 |
| f the date inserted in this block does not meet the app | plicable statutory filing requirements, this date will not be listed |
| nt's effective date on the Department of State's recor | ius. |
| specifies a delayed effective date, but not an effective | ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| d. | |
| EPTEMBER 16 2021 | |
| | * |

Typed or printed name of signee