KAICCC 406161

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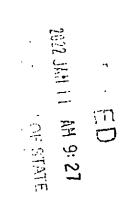
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COVER LETTER

TO: Registration Section
Division of Corporations

THE FLO	WER CO, LLC		
30 bJE C1	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANDRES HURTADO		
		Name of Person	•
	PRODEZK INC		
		Firm/Company	•
	848 BRICKELL AVE STI	E 950	
		Address	-
	MIAMI, FL 33131		
		City/State and Zip Code	•
	INFO@PRODEZK.COM		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
ANDRES HURTADO		+1 7869779421 at ()	
Name	of Person	Area Code Daytime Telephone Number	.
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassec,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FLOWER CO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/13/2021 Florida document number L21000406161 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MGR	JAVIER E. MINO VITERI	13105 SW 110TH AVE	= Add
		MIAMI, FL 33176	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Change
			□Add
		□Remove	
			□Change
			□Add
		-	□Remove
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			Петоче
			□Change

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ectiv	ve date, if other than the date of filing: (optional)
i effe <u>te:</u> I	ctive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
cord s file	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
ed _	DECEMBER 01ST 2021
-	-/ Myotenso/
	Signature of a member of highorized representative of a member
	ALEJANDRO HENAO RESTREPO, MGR