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10/24/22--01025--009 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

FLOWERS HARMONY LLC SUBJECT: ______ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN C RODRIGUEZ FERNANDEZ Name of Person FLOWERS HARMONY LLC Firm/Company 216 NW 33RD AVE Address MIAMI, FL, 33125 City/State and Zip Code flowersharmony22@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN C RODRIGUEZ FERNANDEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLOWERS HARMONY LLC | | | |
|---|---|--|---|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our reconted Liability Company) | ords.) | |
| The Articles of Organization for this Limited Liability Comp Florida document number 1.22(00)429257 | pany were filed on 04 OCT 2022 | and assigned | |
| 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 "L | J.C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRES. | <u>s)</u> | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here: | fice address on our records, ent | SECRETATIVE OF STALLARIAS SEE. J. H. L. L. A. H. L. L. A. H. L. S. S. E. L. L. L. A. H. L. L. A. H. L. S. S. E. L. L. A. H. L. L. A. H. L. S. S. E. L. L. A. H. L. L. A. H. L. S. S. E. L. L. A. H. L. L. A. H. L. S. S. E. L. L. A. H. L. L. A. H. L. S. S. E. L. L. A. H. L. | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street add | Iress | |
| | | | |
| | Cire | Florida 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 |
|--------------|--------------------------|--|----------------|
| AMBR | JUAN C RODRIGUIZ FERNANI | 216 NW 33RD AVE, | ⊐Add |
| | | MIAMI, FL, 33125 | □Remove |
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| ective date if other than the date of filing: | | (optional) | |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to detective date inserted in this block does not meet the applicable | ate of filing or more than 90 day | ys after filing.) Purst | ant to 605.029 |
| ument's effective date on the Department of State's records. | sundary ming requiremen | us. this cane will h | or oc nated a |
| | | | |
| cord specifies a delayed effective date, but not an effective time, s filed. | at 12:01 a.m. on the earlier | 101: (b) The 90th | day after in |
| 0.1.0071 2022 | | | |
| ed 04 OCT 2022 | | | |
| | d representative of a member | | |

Typed or printed name of signee