## 12200512602

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations					
Fleuric by	Marguerite LLC	•	,		
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Sofia Vasquez				
	*	Name of Person			
	ZenBusiness INC				
	Firm/Company				
	336 E. College Ave Suite	301			
		Address	<del></del>		
	Tallahassee, FL 32301				
	fultillment@zenbusiness.co				
For further information of	E-mail address: ( concerning this matter, please e	to be used for future annual report noti all:	fication)		
e/o ZenBusiness INC		844 493-6249			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	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)		
Mailing Address: Registration Section		Street Address: Registration Section Division of Comparation			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fleuric by Marguerite 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  $\frac{2023-01-02}{1}$ \_\_\_\_ and assigned Florida document number <u>1.22000512602</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fleurish by Marguerite LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

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
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		<del> </del>	□Remove
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			□Remove
			□Chanue

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Dated \_\_\_\_\_03/20 2023 /s/ Marguerite Tremelin Signature of a member or authorized representative of a member Marguerite Tremelin, Member Typed or printed name of signee

Filing Fee: \$25.00