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## **COVER LETTER**

TO:	Registration So Division of Cor			,	•		
CUD IC		WHOLESALE MIAMI LLC					
SUBJE	Name of Limited Liability Company						
		Amendment and fee(s) are sub ondence concerning this matter					
		OLEKSANDR DUDKIN					
			Name of Person				
	FLOWER WHOLESALE MIAMI LLC						
			Firm/Company	<u>-</u>			
		1000 BRICKEL AVE ST	E 715 PMB 5009				
			Address				
		MIAMI, FL 33131					
			City/State and Zip Code				
		MPANKRATOVA@EAS	YFIXY.COM		(A)	2	
		E-mail address:	to be used for future annual report notif	ication)	ΣĞ	023	
For furt	her information o	concerning this matter, please c	all:			1 I AON 5202	F1
MARIYA PANKRATOVA		OVA	917 8531687 at ( )		HASS		1 m
-	Name o	of Person		Telephone Number	F STA	AM 8: 2:	£.,
Enclose	d is a check for t	he following amount:			. 14	19	
<b>■ \$</b> 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional)	e of Statu Copy		
	Mailing Addre	<u>ss:</u>	<u>Street Address:</u>				

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ELONGE MITOLECALE MIAMILLO

FLOWER WHOLESALE MIAMITELE			
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appe ed Liability Company	ears <u>on our records.</u> )	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000019435</u> .	nny were filed on _	JAN 09, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<del></del>	
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 here:	ce address on our	records, enter the n	SECULIAN OF STATE new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		, Florida	
	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 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	<u>Address</u>	Type of Action
AMBR	SERHII BESPALCHUK	2680 NE 9TH STR	□Add
		FORT LAUDERDALE, FL 33334	<b>≅</b> Remove
			□ Change
	<del></del>		□Add
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fective date, if other than the date of filing:			гл _ (optional)	ဖ	
n effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the a cument's effective date on the Department of State's recomment.	prior to date of fil pplicable statute	ing or more than 90 d	lays after filing.) Pur	suant to 60 not be lis	05.020° sted as
ecord specifies a delayed effective date, but not an effect is filed.	live time, at 12:0	l a.m. on the earlie	er of: (b) The 90	th day aft	ter the
1ed 11/07/ <del>2023</del> . 202	<u>23</u> .				

Typed or printed name of signee