

# L23 0000 21112

(Rec	questor's Name)	
- (Ado	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer;	, i
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



000440710660

12/18/24--01021--009 \*\*25.00

2024 DEC 10 PM 4:51

## MADELINE GUZMAN MAD FLORALS LLC

3612 BELLMEADE CT WELSEY CHAPEL FL 33543 | 8139976970 | MADFLORALSTAMPA@GMAIL.COM

#### 12/04/2024

Registration Section, Division of Corporations REGISTRATION SECTION P.O BOX 6327 TALLAHASSE, FL 32314

#### Dear Registration Section, Division of Corporations:

We are updating the Manager for Mad Florals LLC. Removing Jannier Amaya and making Madeline Guzman the Manager to Mad Florals LLC. Sending in a check of \$25.00 for filling fee.

Sincerely.

Madeline Guzman MAD FLORALS LLC

813-997-6970

### **COVER LETTER**

	s LLC		
1:	Name of Lim	ited Liability Company	
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
urn all correspo	ondence concerning this matter	to the following:	
	Madeline Guzman		
		Name of Person	
	MAD FLORALS LLC		
	-	Firm/Company	
	3612 Bellmeade Ct.		
		Address	
	Wesley Chapel FL 33543		
		City/State and Zip Code	
	· <del>-</del> -		
		·	
er information c	oncerning this matter, please ca	all:	
Guzman		813 9976970	
Name o	f Person	Area Code Daytime Telephone Nu	imber
is a check for the	he following amount:		
00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & ified Copy tional copy is enclosed)
		Street Address: Registration Section	
Division of C	forporations	Division of Corporations	
			ita 810
	mad Floral T:  Mad Floral T:  Mad Floral T:  Osed Articles of turn all correspond Name of the State of the State of the State of	Name of Lim  osed Articles of Amendment and fee(s) are sub- turn all correspondence concerning this matter  Madeline Guzman  MAD FLORALS LLC  3612 Bellmeade Ct.  Wesley Chapel FL 33543  madfloralstampa@gmail.co  E-mail address: fer information concerning this matter, please cells Guzman  Name of Person  is a check for the following amount:  00 Filing Fee	Made Florals LLC    Name of Limited Liability Company

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mad Florals LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on $\frac{01/10/20}{1}$	23 and assigned
lorida document number [L23000021112]	<del>_</del> .	
his amendment is submitted to amend the following	<u>:</u>	
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 designa	tion "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET AD	DRESS)	202
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		<u></u>
		ni 🗕
<ol> <li>If amending the registered agent and/or registe gent and/or the new registered office address her</li> </ol>		s, enter the name of the new register
gent and/or the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address: 36		
	Enter Florida su	eet 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	Address	Type of Action
MGR	Jannier Amaya	3612 Bellmeade Ct. Wesley Chapel FL 33543	□Add
			≣Remove
			□Change
MGR Madeline Guzman	3612 Bellmeade Ct. Wesley Chapel FL 33543	<b>=</b> Add	
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	<u>-                                      </u>		□Add
			□Remove
			□Change
	<del> </del>		□Add
			□Remove
			□Change
		<del> </del>	□Add
			□Remove
			□Change

•	
-	
•	
•	
,	
•	
•	· <b></b>
•	
lf an cf <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	December 4th 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00