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COVER LETTER

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TO:	Registration Sec Division of Corp				
CHINE		AVOUR LLC			
SUBJEC	∪1:	-			
The encl	osed Articles of	Amendment and fee(s) are sub	nitted for filing.		
		ndence concerning this matter			
	·	-	·		
		KARAKULKINA IRINA			
			Name of Person		
		FLORAL SAVOUR LLC			
		Firm/Company 1107 LAKE BALDWIN LANE 206			
	Address				
		ORLANDO, FL 32814			
			City/State and Zip Code		
		idemina883@gmail.com	o be used for future annual report notification)	_	
For furth	ner information co	oncerning this matter, please ca			
			754 270 9054	ther there	
	CULKINA IRINA Name of		at () Area Code Daytime Telephone Num	abour 2	
	Name of	reison	Area Code Dayune retephone Nun		
Enclosed	d is a check for th	ne following amount:		20.	
≅ \$ 25	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee.	
	Mailing Address Registration S		Street Address: Registration Section		

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

FLORAL SAVOUR LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny <u>as it now appears on our record</u> Liability Company)	<u>\$</u> .)
The Articles of Organization for this Limited Liability Company	were filed on 01/25/2023	and assigned
Florida document number 1.23000046315		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(2)
Principal office address MUST BE A STREET ADDRESS)		٠ ' ن
		<u> </u>
		٢
Inter new mailing address, if applicable:		-0
Mailing address MAY BE A POST OFFICE BOX)		.Y.,
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	5
	, Flo	neida
	City . FR	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
AMBR	KARAKULKINA IRINA	1107 LAKE BALDWIN LANE 206 ORLANDO, FE	, ≣Add
		32814	
			□Remove
			□Change
			DAdd
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) e than 90 days after filing.) Pursuant to 605.0
ie: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on s filed.	the earlier of: (b) The 90th day after
ed April, 4 . 2023 Signature of a member of anthorized representative of	

Typed or printed name of signee