L23000183054

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COVER LETTER

TO: Registration Sec Division of Corp		•	$\hat{i_c}$	ř	
	e Flower Truck, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Lori Sanchez				
		Name of Person			
	Willow Love Flower Truck	c, LLC			
		Firm/Company			
	15820 Sedgewyck Circle N	North	- !	2023	
		Address			Ī
	Davie, FL 33331		n ng	50 上 不	
	Lorisanchez0808@gmail.co	City/State and Zip Code om	। । ।		7
For further information co	E-mail address: (oncerning this matter, please of	to be used for future annual report notif	; · · ·	: 13 [설문	
	meeting meeting produce co				
Lori Sanchez		786 255-2073			
Name of	l'Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address		Street Address:			
Registration S		Registration Sec			

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

Willow Love Flower Truck, 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 April 13, 2023 _ and assigned Florida document number L23000183054 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Willow Love Flower Boutique, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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.

City

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>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00