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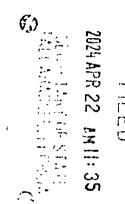
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJEC1:	Name of Lim	ited Liability Company	
The enclosed articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria E Mendez Cruz		
		Name of Person	
	BOUQUETS FLOWERS.	LLLC	
		Firm/Company	
	10171 NW 58TH ST. UNI	T I	
		Address	
	Doral, FL 33178		
	, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	
	rtro@booksmarttax.com		
		to be used for future annual report not	tification)
For further information e	oncerning this matter, please ca	all:	
		at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the			
■ \$25.00 Filing Fee	☐ S30.00 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)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Se	action
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOLQUETS FLOWERS, LLLC (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 $\frac{05/05/2023}{2}$ and assigned Florida document number 1,230 0/223845 This amendment is submitted to amend the following: A. If ameading name, enter the new name of the limited liability company here: BOUGHAS AS WERS, LLC The new range must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 10171 NW 58th St. Enter new principal offices address, if applicable: Unit 1 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33178 10171 NW 58th St. Enter new mailing address, if applicable: Unit 1 (Mailing Guaress 31A) BE A POST OFFICE BOX) Miami, FL 33178 B. It amendment the registered agent and/or registered office address on our records, enter the name of the new registered agent a rule i, w registered office address here: Name of New Registered Agent: - 1 med Office Address Enter Florida street address

New Real tree Agent's Signature, if changing Registered Agent:

Thereis, 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 to obtain as registered agent as provided for in Chapter 605, F.S. Or, if this document is being a tensor of the registered office address. Thereby confirm that the limited liability complete an ica in strong of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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
			□Add
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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