

L23000223845

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(Address)

(Address)

(City/State/Zip/Phone #)

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2024 APR 22 AM 11:35

FILED

2024 APR 22 AM 11:35

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOUQUETS FLOWERS, LLLC

Name of Limited Liability Company

The enclosed articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria E Mendez Cruz

Name of Person

BOUQUETS FLOWERS, LLLC

Firm/Company

10171 NW 58TH ST, UNIT 1

Address

Doral, FL 33178

City/State and Zip Code

mtro@booksmarttax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

Mailing Address:

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

Street Address:

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**

BOUQUETS FLOWERS, 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 05/05/2023 and assigned  
Florida document number 123009223845.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BOUQUETS FLOWERS, LLC

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)

10171 NW 58th St.

Unit 1

Miami, FL 33178

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

10171 NW 58th St.

Unit 1

Miami, FL 33178

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
*Enter Florida 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 is not in violation of this change.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

**MGR** - Manager  
**AMBL** - Authorized Member

**AMBK - Authorized Member**

Case	Initial	Final	Change
1	100	100	<input type="checkbox"/> Add
2	100	100	<input type="checkbox"/> Remove
3	100	100	<input type="checkbox"/> Change
4	100	100	<input type="checkbox"/> Add
5	100	100	<input type="checkbox"/> Remove
6	100	100	<input type="checkbox"/> Change
7	100	100	<input type="checkbox"/> Add
8	100	100	<input type="checkbox"/> Remove
9	100	100	<input type="checkbox"/> Change
10	100	100	<input type="checkbox"/> Add
11	100	100	<input type="checkbox"/> Remove
12	100	100	<input type="checkbox"/> Change
13	100	100	<input type="checkbox"/> Add
14	100	100	<input type="checkbox"/> Remove
15	100	100	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The original name was filed with 3 L.s on the LLC part. Correcting that error

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If a "Effective date" is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed;

Date: Apr. 8th, 2024

*J. R. A. YENGEZ CELZ*  
Signature of a member or authorizing official

Signature of a member or authorized representative of a member

Marta E. Méndez Cruz

Typed or printed name of signee

**Filing Fee: \$25.00**