La30003053710

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE SEP - 1 2023

Office Use Only



100412942311

07/28/23--01019--018 **60.00



COVER LETTER

Division of Corpo	rations'		
SUBJECT: BLOOM	ning time Name of Lime	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Silvia P	Name of Person	
		Firm/Company	
	106 starte	3 lone Address	
:	Hawthorne	F1. 3264 C	<u> </u>
	Dlaminstine	nursery@ Vahoo to be used for future annual report	notification)
For further information cond	cerning this matter, please ea	dli:	
Silvia Bu Name of Po	-r 50 5 . C .	at (<u>352</u>) _23 Area Code Da	5 8022 ytime Telephone Number
Enclosed is a check for the f	following amount:		
S25.00 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)
Mailing Address:		Street Addres	<u>s:</u>

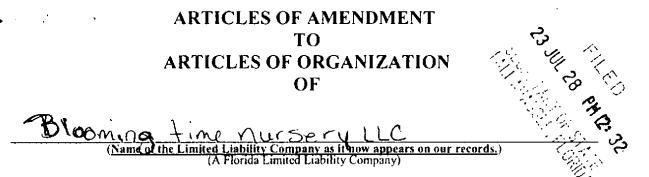
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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**



The Articles of Organization for this Limited Liability Company	were filed on (a)	26/2023	_ and assigned
Florida document number <u>c</u> <u>123000305376</u> This amendment is submitted to amend the following:	^	. — ^	
A. If amending name, enter the new name of the limited liab	oility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbre	eviation "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)	POBOX 110	٧	
	Melrose	F1 32666	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
			and the state of the
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my provided for in Cha	v duties, and I am far apter 605, F.S. Or, if	niliar with and this document is

company has been notified in writing of this change.

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
4 <u>MBR</u>	Silvia Burgos C	106 Starling lane Hawthorne Fl 326	<u></u> , Æadd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		- II	[] Change
		4	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Fective date, if other than the date is listed, the date must be tee: If the date inserted in this block cument's effective date on the Depter of the date of the da				
effective date is listed, the date must bee: If the date inserted in this block				
effective date is listed, the date must bee: If the date inserted in this block				
effective date is listed, the date must bee: If the date inserted in this block				
effective date is listed, the date must bee: If the date inserted in this block				
effective date is listed, the date must bee: If the date inserted in this block				
effective date is listed, the date must bee: If the date inserted in this block				
neffective date is listed, the date must be te: If the date inserted in this block			1410-02-07	
neffective date is listed, the date must be te: If the date inserted in this block				
neffective date is listed, the date must be te: If the date inserted in this block				
neffective date is listed, the date must be te: If the date inserted in this block			1410.03.00	
neffective date is listed, the date must be te: If the date inserted in this block	••••		1711-02-71	
effective date is listed, the date must be te: If the date inserted in this block			1410.03.00	
neffective date is listed, the date must be te: If the date inserted in this block				
neffective date is listed, the date must be te: If the date inserted in this block				
neffective date is listed, the date must be te: If the date inserted in this block				
neffective date is listed, the date must be te: If the date inserted in this block				
	specific and cannot be prior to date of does not meet the applicable stat	f filing or more than		
cord specifies a delayed effective of sfiled.	ite, but not an effective time, at 1:	2:01 a.m. on the e	earlier of: (b) The	90th day after the
ed 3 (3)	. 20:33			
		presentative of a me	ember	

COVER LETTER

Division of Corp	orations		
SUBJECT: Bloo	ming time N Name of Limi	CVServed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Silvia P	Name of Person	
		Firm/Company	
	106 starte	S Address	
	Hawthorne	F1. 3264 City/State and Zip Code	0
	bloomingtiner E-maj address: (to	Tursery@ Jahox be used for future annual rep	ort notification)
For further information con	cerning this matter, please cal		,
Silvia B Name of P	erson	at (<u>352</u>) <u>2</u> Area Code	35 8022 Daytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Blooming time nur	Service
(ivanicultific Cinited Capility Co	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on (2023 and assigned
Florida document number L23000305376 This amendment is submitted to amend the following:	JUL 28
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "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)	Para III.
	Melrose Fl 32666
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter the name of the new registe</u>
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 has been notified in writing of this change.

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
A <u>mbr</u>	Silvia Burgos C.	106 Starling lane Hawthorne Fl 3260	ÆAdd
			Remove
			□Change
			□Add
	·		🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			_ 🗆 Change
			_ 🗆 Add
			_ 🗆 Remove
			_ Change

		
		
		
		
		
		
		<u></u>
		
(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e date, if other than the date of filing:	o 605.0207
docu	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be t's effective date on the Department of State's records.	e listed as
If the reco	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated	2023	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00