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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

ESMERALDA FLOWERS LLC SUBJECT: 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: MORALES, MARISELA Name of Person ESMERALDA FLOWERS LLC Firm/Company 1701 SMITH ST Address **ORANGE PARK FL 32073** City/State and Zip Code jaxflowers1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ESMERALDA FLOWERS LLC 815-2627 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our record Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Lia	ability Company	were filed on <u>03/26/2024</u>	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC	"or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1701 SMITH ST	
Principal office address MUST BE A STREET		ORANGE PARK FL 32073	24
			UG ::
Enter new mailing address, if applicable:		1701 SMITH ST	29 AH
Mailing address MAY BE A POST OFFICE BOX)		ORANGE PARK FL 32073	25: 16 2: 16
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:	address on our records, <u>enter</u> NTERPRISES CORP/ELISBET	
Naw Pagistared Office Address	6409 MERRILI	L RD	
New Registered Office Address:		Enter Florida street addres	<u> </u>
	JACKSONVIL	LE FI	orida ³²²⁷⁷
	·	City	Zio Code

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>	Name	Address	Type of Action
P	MATURELL, JOELDIS	6003 MAPLE LEAF DR S	
		JACKSONVILLE, FL 32211	■Remove
			[]Change
P	MORALES, MARISELA	1701 SMITH ST	
		ORANGE PARK FL 32073	□Remove
			■ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
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	ust be specific and cannot be prior to	date of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207
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