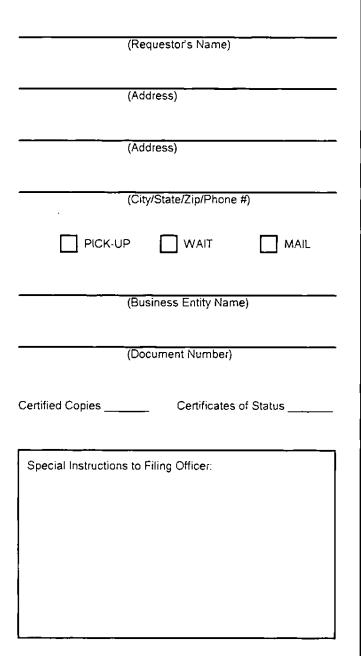
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

OH MY FLO	OWERS, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Angie Gabriela Amaya				
		Name of Person			
	OH MY FLOWERS				
		Firm/Company			
	154 NE 76th Street				
		Address			
	Miami, FL 33138				
	aamay004@fiu.edu	City/State and Zip Code			
	•	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
Angie Amaya		954 3095235			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se			
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OH MY FLOWERS!!! LLC		
(Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company lorida document number	were filed on ()4/30/2024	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)		>C
		AY
		SSSV 0 ASSV
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		S F C
		117 E
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new regis
New Registered Office Address:	Enter Florida street addre	288
	F	lorida
·	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 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
AMBR	Jose Fernando Archila	154 NE 76th Street Miami, FL 33138	= Add
			Remove
			Change
			□Add
			□Remove
			□Add
			□ Remove
			□Change
			□Remove
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ective date, if other the effective date is listed, the te: If the date inserted incument's effective date o	date must be specific a this block does not	ind cannot be prior to d t meet the applicable	ate of filing or more than statutory filing requir	(optional) 90 days after filing.) Purs ements, this date will	suant to 605, not be liste
cord specifies a delayed s filed.	effective date, but n	ot an effective time.	at 12:01 a.m. on the e	arlier of: (b) The 90	th day after
ed <u>May</u>	_8/	2024			
	Signature of	a member or authoriz	ed representative of a me	mber C	
	<u> </u>			1	