

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
TALL ANALYSES TATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT: FG	Taleno (onciete LL ited Liability Company	<u>C</u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Ramon Ga Name of Person Bridge Firm/Company	
	554 Ne 4		
	Florida Ci- Fiancisco_RA	Y, Fl, 3303 City/State and Zip Code aleno & hotma o be used for future annual report noti	11 - com
For further information co	ncerning this matter, please ca		ncation)
Flancisco R Name of	Gaicía Person	at (<u>786</u>) <u>474</u> Area Code Daytim	OS54 c Telephone Number
Enclosed is a check for th	e following amount:		
	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JG Taleno Concid	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\angle 24000239057$.	ny were filed on Hay 23, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	ability company here:
ANGELA'S FLORAL CORNER I	LLC
The new name must be distinguishable and contain the words "Limited Liab	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	PER E
	EC-6
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5 12 28 E. FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Naw Dagistarad Agant's Signatura if changing Bagistarad Agant	•

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
MGR	Luis Fernan do Aragon	554 Ne 4th AUC	□Add
	,	Florida City	TRemove
		554 Ne 44h AUC Florida City Fl, 33034	□Change
			□Remove
			□Change
	<u></u>		□Add
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fect in eff ote:	ive date, if other than the date of filing: 12-01-2024 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cum	nent's effective date on the Department of State's records.
	rd 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 led.
	12-01-2024
ted	\sim $\prime \prime$.
ted	<u> Flandsto</u>
nted	Signature of a member or authorized representative of a member Francisco Ramon García

Filing Fee: \$25.00