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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

	FLORAL & DECOR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jill DiSalvo		
		Name of Person	-
	DiSalvo & Associates PLI	LC	
		Firm/Company	<del></del>
	1760 N Jog Rd #150		
		Address	2) [7]
	West Palm Beach, FL 334	11	TO THE
		City/State and Zip Code	
	jdisalvo@d-acpa.com	to be used for future annual report noti	ettera.
For further information	concerning this matter, please c		ricanon) ~1.
	oncerning this matter, please c		
Jill DiSalvo		561 659-1177 at ()	
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## TELCIE'S FLORAL & DECOR LLC

company has been notified in writing of this change.

(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 Compa Florida document number 1.25000132520	any were filed on $\frac{03/18/2025}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
TELCIE'S AMAZING DECOR LLC	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	105 NW 12th Ave
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL 33444
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
agent and/or the new registered office address nere:	
Name of New Registered Agent:  New Registered Office Address: 105	21CIMAE BONGBY NW 12th Ave Enter Florida street address
Del co	ay Beach Florida 33444  Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:
provisions of all statutes relative to the proper and comple	is provided for in Chapter 605, F.S. Or, if this document is

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
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			□Remove
		_	□Change
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ffeetive date if athouthan the	3/18/2025	(4 <sup>2</sup> 1)
an effective date is listed, the date must iote: If the date inserted in this b ocument's effective date on the I	date of filing:  st be specific and cannot be prior to date of filing or more the ock does not meet the applicable statutory filing requesive epartment of State's records.	an 90 days after filing.) Pursuant to 605,0207 (3 uirements, this date will not be listed as th
record specifies a delayed effectivis filed.	re date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
APRIL 7TH	2025	
arcu	<u> </u>	
	Signature of a member or authorized representative of a n	nember

Filing Fee: \$25.00

Typed or printed name of signee