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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

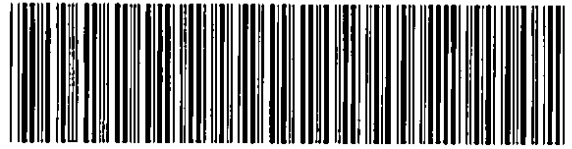
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 AUG - 8 PM 12:40

CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 AUG - 8 AM 10:26

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/08/2023

**\*\*WALK IN\*\***

ENTITY NAME Foliage Design Systems of Central Florida, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*S B J/16*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Foliage Design Systems of Central Florida, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Erickson

Name of Person

Fredrikson & Byron, P.A.

Firm/Company

60 South Sixth Street, Suite 1500

Address

Minneapolis, MN 55104

City/State and Zip Code

serickson@fredlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Erickson

at ( 612 ) 492-7752

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Foliage Design Systems of Central Florida, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M23000009102

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/13/2023

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

Foliage Design Systems of Florida, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

*Enter Florida Street Address*

Plantation, Florida 33324  
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.*

*Stephanie Hencz*

Stephanie Hencz, Assistant Secretary 08/02/2023

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	David Liu	7098 Narcoosee Rd	<input type="checkbox"/> Add
		Orlando, FL 32822	<input checked="" type="checkbox"/> Remove
AMBR	Botanical Designs, LLC	660 S Dakota Street	<input checked="" type="checkbox"/> Add
		Seattle, WA 98108	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Edward McDonnell*

Signature of the authorized representative

Edward McDonnell

Typed or printed name of signee

Filing Fee: \$25.00

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**WRITTEN ACTION IN LIEU OF MEETING  
OF THE SOLE MEMBER  
OF  
FOLIAGE DESIGN SYSTEMS, LLC**

The undersigned, being the sole members of Foliage Design Systems, LLC, a Delaware limited liability company (the "Company"), acting pursuant to the provisions of Section 18-402 of the Delaware Limited Liability Company Act, consent to the adoption of and do hereby adopt the following resolutions, effective as of August \_\_\_\_, 2023:

**Adoption of Alternate Name For Use in the State of Florida**

WHEREAS, the Company's name is not available for use in the State of Florida; and

WHEREAS, the Sole Member has determined that it would be in the best interests of the Company to adopt the alternate name "**Foliage Design Systems of Florida, LLC**" to transact business in the State of Florida.

NOW, THEREFORE, RESOLVED, that the Sole Member approves and adopts the alternate name "**Foliage Design Systems of Florida, LLC**" for the sole use to transact business in the State of Florida.

FURTHER RESOLVED, that the officers of the Company are, and any one of them is, fully authorized and directed to file all applications, make all certifications and take all such other actions as are appropriate and necessary for obtaining a Certificate of Authority from the State of Florida under the above referenced alternate name.

**Counterpart Signatures**

RESOLVED, that this Written Action in Lieu of Meeting of the Sole Member may be executed in any number of counterparts and transmitted via email or facsimile, which counterparts, when taken together, will constitute one original.

***\*\*\*Signature page follows\*\*\****

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IN WITNESS WHEREOF, the undersigned have executed this written action as of the date first written above.

**SOLE MEMBER:**

**BOTANICAL DESIGNS, LLC a  
Delaware limited liability company**

DocuSigned by:

*Edward McDonnell*

USCA104057A7400

Name: Edward McDonnell  
Its: Chief Executive Officer

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DIVISION OF CORPORATION  
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