

L120000063497

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ACCOUNTANT & MANAGEMENT INC
Account Number : I20110000070
Phone : (305)541-3980
Fax Number : (305)541-7033

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLOWER 1492 LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 23 AM 7:29

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B. BOSTICK

MAY 24 2012

EXAMINER

H120001371733

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOWER 1492 LLC
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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@SOLUTIONSBYACCOUNTANTS.COM

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

For further information concerning this matter, please call:

MOSES NAE

Name of Person

at (305)

541-3980

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H120001371733

H120001371733
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLOWER 1492 LLC

(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 Company were filed on 05/10/2012 and assigned Florida document number L12000063497.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
12 MAY 23 AM 7:29
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 608, 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

H120001371733

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

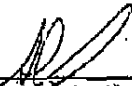
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OSVALDO L VULCANO	1549 NE 123RD ST NORTH MIAMI FL 33161 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	AGUSTIN L VULCANO	1549 NE 123RD ST NORTH MIAMI FL 33161 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AGUSTIN L VULCANO	1549 NE 123RD ST NORTH MIAMI FL 33161 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FEDERICO M VULCANO	1549 NE 123RD ST NORTH MIAMI FL 33161 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 22, 2012

12 MAY 23 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature of a member or authorized representative of a member

AGUSTIN L VULCANO

Typed or printed name of signee

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