

L16000204584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

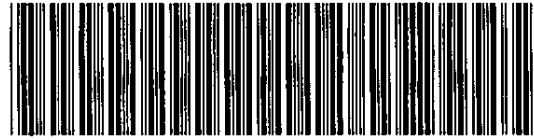
(Business Entity Name)

(Document Number)

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JAN 25 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 24 PM 3:30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIFTME FLOWERS 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:

YOLY SABILLON

Name of Person

LA FLORIDA SERVICES LLC

Firm/Company

3831 W VINE ST STE 148

Address

KISSIMMEE, FL 34741

City/State and Zip Code

yoly@lafloridaservices.com

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

For further information concerning this matter, please call:

YOLY SABILLON

407 978-6560

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

17 JAN 24 PM 3:30

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GIFTME FLOWERS 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 11/07/2016 and assigned Florida document number L16000204584.

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 contain 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)

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17 JAN 24 PM 3:10

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 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>	<u>Address</u>	<u>Type of Action</u>
OWNER	AUROMELISSA TORRES	2402 Ming Ct Kissimmee Fl 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

17 JAN 24 PM 3:30

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E. Effective date, if other than the date of filing: JANUARY 18TH, 2017 (optional)

(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JANUARY 18TH, 2017

Signature of a member or authorized representative of a member

AUROMELISSA TORRES Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000204584
FILED 8:00 AM
November 07, 2016
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:
GIFTME FLOWERS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3831 W VINE ST
KISSIMMEE, FL. 34741

The mailing address of the Limited Liability Company is:
2402 MING CT
KISSIMMEE, FL. 34744

Article III

Other provisions, if any:
FLOWER AND GIFT SHOP

Article IV

The name and Florida street address of the registered agent is:
AUROMELISSA TORRES
2402 MING CT
KISSIMMEE, FL. 34744

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: AUROMELISSA TORRES

Article V

The effective date for this Limited Liability Company shall be:
11/07/2016

Signature of member or an authorized representative

Electronic Signature: AUROMELISSA TORRES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA
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Detail by Entity Name

Florida Limited Liability Company
GIFTME FLOWERS LLC

Filing Information

Document Number	L16000204584
FEI/EIN Number	NONE
Date Filed	11/07/2016
Effective Date	11/07/2016
State	FL
Status	ACTIVE

Principal Address

3831 W VINE ST
KISSIMMEE, FL 34741

Mailing Address

2402 MING CT
KISSIMMEE, FL 34744

Registered Agent Name & Address

TORRES, AUROMELISSA
2402 MING CT
KISSIMMEE, FL 34744

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

11/07/2016 -- Florida Limited Liability [View image in PDF format](#)

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 FALL AHASSE, L. LORIDA
 17 JAN 24 PM 3:30