

L04000022949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

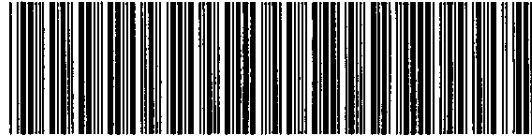
(Business Entity Name)

(Document Number)

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15 MAY -4 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WAP 5/13/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGN & FLORA, 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:

JOHN ANTHONY

Name of Person

DESIGN & FLORA, LLC

Firm/Company

732 NE 87 ST

Address

MIAMI FL 33138

City/State and Zip Code

JOHN@DESIGNANDFLORA.LLC

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

For further information concerning this matter, please call:

JOHN ANTHONY

Name of Person

at (305) 527-7842

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

TO
ARTICLES OF ORGANIZATION
OF

DESIGN & FLORA 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 3/16/2004 and assigned
Florida document number L04000022949

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)

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

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TALLAHASSEE

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MUIS ABDUL MUHAMMAD MUHAMMAD SALEH	732 NE 87 ST MIAMI FL 33138	<input checked="" type="checkbox"/> Add
	20% OWNERSHIP		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN ANTHONY	732 NE 87 ST MIAMI FL 33138	<input type="checkbox"/> Add
	80% OWNERSHIP		<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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EFFECTIVELY ADDING A SECOND MANGER/
OFFICER OF THE LLC DESIGN & FLORALLC
ABDUL MUIS MUHAMMAD SALEH 20%
JOHN ANTHONY 80%

E. Effective date, if other than the date of filing: 5/15/15 (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)

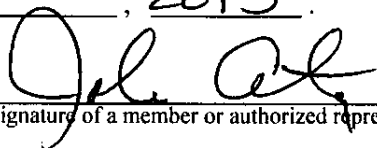
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/30/15, 2015


Signature of a member or authorized representative of a member

JOHN ANTHONY
Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA