## (105000)28020

(Re	equestor's Name)	1
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OF STATE OF CORPORATIONS

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: REIGN FLORIST, LLL (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:	IN SEC
CATHY BIVELACQUE	ON OF COR
Please return all correspondence concerning this matter to the following:  CATHY BIVELACQUE  (Name of Person)  REIGN FUDRIST, LLC  (Firm/Company)	PH 1:53
8960 EQUUS CIRCLE	
BOYNTON BEACH, FL 33437 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$  \$55.00 Filing Fee & \text{Certificate of Status}\$\$  \$60.00 Filing Fee, \text{Certificate of Status} & \text{Certificate of Status} & \text{Certificate of Status} & \text{Certified Copy} &	

**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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	REIGN FLORIST, LLC &
	(Present Name) (A Florida Limited Liability Company)
	2/22/
FIRST:	The Articles of Organization were filed on 3/22/5 and assigned document number LO 500000 8626
SECOND:	This amendment is submitted to amend the following:
	DELETE: GIORDANO, ROSARIO
	AS MANABER MEMBER
	8960 EQUUS CIRCLE BOYNTON BEACH FL 33437
	ADD: CATHY BIVELACQUE
	AS MANAGER/MEMBER
	8960 EQUUS CIRCLE BOUNTON BEACH FL 33437
	- + - + - + - + - + - + - + - + - + - +
	,
Dated	OCTOBER 27. 2006
	Signature of a member or authorized representative of a member
	CATHY RIVELACRIE
	Typed or printed name of signee

Filing Fee: \$25.00