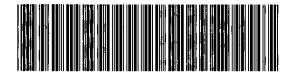
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C. LEWIS

JUL _ 7 2010

EXAMINER

* COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Spac	e Floral LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Nora McDowell	
		Name of Person	
		Space Floral LLC	
		Firm/Company	
	1985	NW 88 Court, Suite 201	
		Address	
		Miami, FL 33172	
		City/State and Zip Code	
	F-mail address: (noram@spfloral.com to be used for future annual report notif	ication)
For further information	concerning this matter, please of	•	reality)
	ra E McDowell of Person	at (305) Area Code & Daytim	610-4042
·	or reison	rica code & Dayum	e receptorie (vanoci
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

du

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 JUL -6 PM 4: 28

SECRETARY OF STATE TALLAHASSEE FLORIDA Space Floral 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 June 1, 2007 and assigned L07000058003 Florida document number __ 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." 1985 NW 88 Court Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 201 Miami, FL 33186 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: 1985 NW 88 COURT, SUITE 201 New Registered Office Address: Enter Florida street address , Florida 33186 Zip Code Miami

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Me

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

	<u>Name</u>	Address	Type of Action
	 _		Add
•			Remove
			AddRemove
			Add Remove
			Add
			Remove
<u> </u>	 		Add Remove
	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	rry.)
If amend			
If amend			
If amend			
If amend			ALL ASECRI
			2018 JUL -6 PK 4: 28 SECRETARY OF STATE ALL AHASSEE. FLORIO

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