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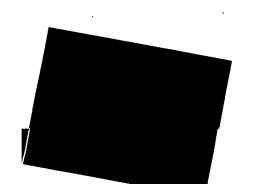
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SEGRETARY OF STATE
TALLAHASSEE, FLORID!

D. BRUCE

AUG 28 ZUÛ8

**EXAMINER** 



OU. 27 NO

	•	COVER LETTER			O4	Ť		
TO: Registration S Division of Co								
SUBJECT: FLORA	. LLC							
		ited Liability Company)				•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspondent	ondence concerning this matter	to the following:						
	IMER DEDJA		•	SE	80			
		(Name of Person)		LAHASSI	AUG			
	FLORA, LLC			TAIR ASS	27	lumana Caraca		
		(Firm/Company)		EC.FL				
6017 PINE RIDGE RD # 184					Sn:11HV			
		(Address)		TE. NDA	2			
	NAPLES, FL 34119							
,		(City/State and Zip Code)						
For further information of	concerning this matter, please o	all:						
IMER DEDJA (Name	of Person)	at ( 239 ) 465-6629 (Area Code & Daytime T	elenhone Number	r)				
(v. <del>v</del>		(casa source sayame 1	orephone training	.,				
Enclosed is a check for the	ne following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	icate of Status &				

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

FLORA, LLC					
(Name of the Limited L	<b>ability Compa</b> orida Limited I	ny as it now appears on our recor Liability Company)	ds.)		
The Articles of Organization for this Limited Liabi	ility Company	were filed on MARCH 20, 2008	l 	_and a:	ssigned
Florida document number L08000029057	·				
This amendment is submitted to amend the followi	ing:			••	1
A. If amending name, enter the new name of th	e limited liab	oility company here:			
The new name must be distinguishable and end with the 'L.L.C."	ne words "Limi	ited Liability Company," the design	TALI	80	abbreviat
Enter new principal offices address, if applicabl	e:		AR	AUG G	
<u>Principal office address MUST BE A STREET A</u>	(DDRESS)	6017 PINE RIDGE RD #184	ASS	<u>_ \sqrt{}_{}</u>	TEXT SECTION
		NAPLES, FL 34119			
Enter new mailing address, if applicable:		6017 PINE RIDGE RD #184	FLORI	=	
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	NAPLES, FL 34119	D.F.	ഗ	
					-
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address her	ffice address on our records, <u>e</u> :	enter the	<u>name</u>	of the n
Name of New Registered Agent:				•	
New Registered Office Address:	6017 PINE RI	DGE RD #184		·	
		(Enter Florida st	reet addres	s)	
1	NAPLES		ida <u>34119</u>		
	(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)

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 Title Name **Address Type of Action** MGR **EDLIRA MARKE** 6017 PINE RIDGE RD #184 Add 🔽 NAPLES, FL 34119 Remove MGR **IMER DEDJA** 7740 PRESERVE LAND **■** Add NAPLES, FL 34119 Remove ARBEN GOLA MGR Add
 Remove Add Remove Add A D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JUNE 4, 2008 Signature of a member or authorized representative of a member ARBEN GOLA EDLIRA MARKE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00