

L0800001443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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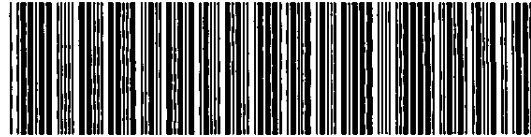
(Business Entity Name)

(Document Number)

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2013 JUL 16 AM 11:58
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

B. BOSTICK

JUL 17 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETERNITY 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:

NANCY M. ESQUIVEL

Name of Person

ETERNITY FLOWERS, LLC.

Firm/Company

2555 NW 102 AVENUE S-205

Address

DONALD FL 33172

City/State and Zip Code

JCESQUIVEL@MLX.US.COM

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

For further information concerning this matter, please call:

JUAN CARLOS ESQUIVEL

Name of Person

at (305) 300-8888

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

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TALLAHASSEE, FLORIDA

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

ETERNITY FLOWERS, L.L.C.

(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 08/01/2008 and assigned
Florida document number L0800007444.3

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ETERNITY FLOWERS AND EVENTS, LLC

The new name must be distinguishable and end with 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)

2555 SW 102 AVE

SUITE 205

DOML FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2555 S. W. 102 AVE

SUITE 205

DOML FL 33172

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:

ESQUIVEL, NANCY M.

New Registered Office Address:

2555 S. W. 102 AVE - S-205

Enter Florida street address

DOML

City

Florida

33172

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.

[Signature]
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

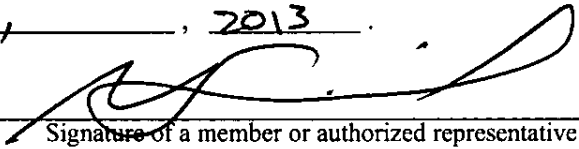
Title	Name	Address	Type of Action
MGR	ESQUIVEL, Nancy M	2555 NW 102 AVE	<input type="checkbox"/> Add
		S-205	<input type="checkbox"/> Remove
		DONAL, FL 33172	<input type="checkbox"/> CHANGE ADDRESS
MGRM	ESQUIVEL, Juan Carlos	2555 NW 102 AVE	<input type="checkbox"/> Add
		S-205	<input type="checkbox"/> Remove
		DONAL FL 33172	<input type="checkbox"/> CHANGE ADDRESS
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
2013 JUL 16 AM 11:58

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

None

Dated July, 11, 2013


Signature of a member or authorized representative of a member

Nancy M. Esawi Vol
Typed or printed name of signee

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Filing Fee: \$25.00

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