

Florida Department of State Division of Corporations Public Access System

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(((H09000055666 3)))



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Division of Corporations

Fax Number : (850)617-6383

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

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BLOOMING ORCHIDS LLC

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March 11, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

FASTRIT

SUBJECT: BLOOMING ORCHIDS LLC

REF: L09000014074

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Are you Amending B? it was signed, but no information.

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H09000055666 Letter Number: 309A00008281

SECHEMENT OF STATE TAIL AHASSEE HIGHIN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Zip Code)

(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)
(A Florid	a Limited Liannity Company)
The Articles of Organization for this Limited Liability	Company were filed on 02/11/2009 and assigned
Florida document number L09000014074	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag	istered office address on our records, <u>enter the name of the new ldress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	Florida

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 amendin or Managir	g the Managers or Managing Mem ng Member being added or removed	bers on our records, enter the title, name 1 from our records:	, and address of each Manager
MGR = Ma MGRM = I	nnager Managing Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	Rafael Espinoza-Salas	9565 HARDING AVE SURESIDE FL 33 54	Add Remove
MGRM_	FEDERIÇO ELIAS	9565 HARDING AVE SURESIDE EL 33 54	Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If amend	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if	riecessary.)
			OP HAR I
Dated MAR	CH 10TH 20	009	AN STEP SECOND
<u> </u>		ober or authorized representative of a member	06
٠	FEDERICO ELIAS		
	7\	ped or printed name of signet	

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Filing Fee: \$25.00