L09000016952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

OCT - 8 2009

EXAMINER

[redacted]

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000160910840

09/24/09--01013--018 **30.00

FILED

09 OCT -7 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MURIEL DESIGN L.L.C.
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:

JOCELYNE BOIGRIS-BEAULIEU
Name of Person

JOYCE'S ORCHIDS L.L.C
Firm/Company

9622 SW 146 AVE
Address

MIAMI FL. 33186
City/State and Zip Code

JOYCEB05@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOCELYNE BOIGRIS BEAULIEU at (305) 776-6258
Name of Person 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2009

JOCELYN BOIGRIS-BEAULIEU
9622 SW 146 AVENUE
MIAMI, FL 33186

SUBJECT: MURIEL DESIGN L.L.C.
Ref. Number: L09000016952

We have received your document for MURIEL DESIGN L.L.C. and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Enclosed is the second page to the Amendment that must be signed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 809A00031406

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MURIEL DESIGN 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 02/18/2009 and assigned Florida document number L09000016952.

This amendment is submitted to amend the following:

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

JOYCE'S ORCHIDS L.L.C.
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)

9622 SW 146 AVE.
MIAMI FL. 33186

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9622 SW 146 AVE
MIAMI FL. 33186

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: JOCELYNE BOIGRIS-BEAULIEU

New Registered Office Address: 9622 SW 146 AVE
Enter Florida street address

MIAMI, **Florida** 33186
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

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09 OCT -7 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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09 OCT -7 AM 8:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated 9/29/09

Jocelyne Boigris Beaulieu
Signature of a member or authorized representative of a member

Jocelyne Boigris Beaulieu
Typed or printed name of signee

Filing Fee: $25.00