

LD9000040633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

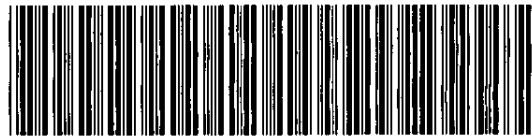
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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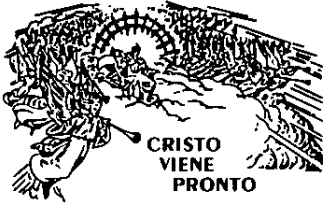


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FILED  
10 MAY 14 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 17 2010  
EXAMINER



# Fuentes Accounting & Tax Services, Inc.

527 EAST 25th STREET • HIALEAH, FLORIDA 33013

HIALEAAH, MAY 14<sup>th</sup>, 2010

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

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10 MAY 14 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIRS:

IN APRIL I SENT YOU THE FORMS YOU HAD SENT TO ME FOR AN AMMENDMENT OF THE CORPORATION COFIÑO FLOWERS OF MIAMI & GIFTS LLC. NOW I AM RECEIVING ANOTHER LETTER WITH THE SAME FORMS TO BE FILLED. I DON'T KNOW IF THE FIRSTS WERE LOST IN THE MAIL, SO I AM SENDING A NEW SET.

PLEASE CHECK IF THE FIRST ONES ARE IN PROCESS, IF NOT, THEN PROCESS THIS SET

THANKS FOR YOUR ATTENTION

FUENTES ACCOUNTING & TAX SERVICES INC

GUIDO A. TREGENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2010

GUIDO A TREGENT 2ND MAILING  
FUENTES ACCOUNTING & TAX SERVICES INC  
555 EAST 25 ST, SUITE 211  
HIALEAH, FL 33013

SUBJECT: COFINO FLOWERS OF MIAMI LLC  
Ref. Number: L09000040633

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 14 PM 4:28

FILED

We have received your document for COFINO FLOWERS OF MIAMI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

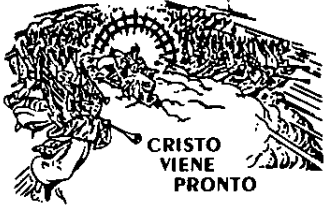
The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 010A00001656



# Fuentes Accounting & Tax Services, Inc.

555 East 25 St Suite 211 • HIALEAH, FLORIDA 33013

HIALEAH, APRIL 6<sup>th</sup>, 2010

FLORIDA DEPT OF STATES  
DIVISION OF CORPORATIONS  
AMENDMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314

REF.: DOC L09000040633  
COFIÑO FLOWERS OF MIAMI LLC


SIRS:

IN JANUARY 15<sup>TH</sup> WE FILED AN AMENDMENT FOR THE CORPORATION OF REFERENCE, AMENDING THE REGISTERED AGENT AND THE MANAGER.

YOU ANSWERED ME THAT YOU HAD RECEIVED THE PAYMENT, BUT WE NEEDED TO USE A DIFFERENT FORM AND YOU WERE SENDING IT TO US.  
WE HAD NOT RECEIVED THE FORMS AND THE NEW OWNERS NEED THE CHANGE, SO PLEASE SEND ME AGAIN THE FORM, TO COMPLETE IT.

THANKS FOR YOUR ATTENTION

FUENTES ACCOUNTING & TAX SERVICES INC

  
GUIDO A. TREGENT

**FILED**  
10 MAY 14 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COFIÑO FLOWERS OF MIAMI & GIFTS 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:

**GUIDO A. TREGENT**  
Name of Person  
**FUENTES ACCOUNTING & TAX SERVICES**  
Firm/Company  
**555 E 25TH STREET STE 211**  
Address  
**HIALEAH, FL 33013**  
City/State and Zip Code  
**guidoarm2005@ yahoo.com.ar**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Guido Tregent** at ( **305** ) **693-0650**  
Name of Person Area Code & Daytime Telephone Number

**FILED**  
**10 MAY 14 PM 4:28**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

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

**COFIÑO FLOWERS OF MIAMI 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 5-4-2009 and assigned Florida document number L09000040633.

This amendment is submitted to amend the following:

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

COFIÑO FLOWERS OF MIAMI & GIFTS 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)

555 E 25TH STREET STE 106  
HIALEAH, FL 33013

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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10 MAY 14 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

EDDY J CABALLERO

New Registered Office Address:

3511 NW 83RD STREET

*Enter Florida street address*

MIAMI

Florida


33147-4508

*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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PT	EDDY J CABALLERO	3511 NW 83RD STREET MIAMI, FL 33147-4508	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LEOVEL CABALLERO	3530 SW 22ND STREET #902 MIAMI, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 MAY 14 PM 4:28

FILED

Dated \_\_\_\_\_  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
EDDY J. CABALLERO  
\_\_\_\_\_  
Typed or printed name of signee