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SECRETARY OF STATE ON OF CORPORATION

T. HAMPTON

OCT 2 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Anointed Florst 6677 Shop 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:				
Nicóle Bronson Name of Person				
Anombed Flonst & GAShop Lic.				
18876 N.W. 3+ Ct. Address				
Miami, Fla. 33054 City/State and Zip Code Anointed-Florist @ Yahao com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Nicole Bronson at (786) 356-1171 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount: \$\Bigsquare{1}\$\$25.00 \text{ Filing Fee & Solution Status}\$\$\$55.00 \text{ Filing Fee & Solution Status}\$\$\$Certificate of Status & Certificate of Status				
(additional copy is enclosed) Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

FILED TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

OF

10 OCT 27 AM IT: 82

anointed florist & Cat	+ Shop LLC y as it now appears on our records.)
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 109 000 112 179.	were filed on 11 23 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
NH	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Discr 1 string sireer augress
	, Florida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager '

<u> </u>	Name	<u>Address</u>	Type of Action
16R	adric Smith	8920 N.W. 8 AM MIAM, Fla 33056	Add Remove
,			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amend	ling any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
<u> </u>			SECRETARY IVISION OF CO
Dated O	Hober 20, 20	010	THE STATE ARY OF STATE P CORPORATIONS P CORPORATIONS
	Nicole Br	aber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00