19000115372

(Re	equestor's Name)		
(Ac	ldress)	<u> </u>	
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PiCK-UP	☐ WAIT	MAIL	
(Ві	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	`		
	·		

Office Use Only

G. MCLEOD

NOV - 8 2011

EXAMINER



100213870471

11/07/11--01021--018 **25.00

11/07/11--01021--019 **30.00

11 NOV -7 PN 4: 16
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

COVER LETTER

Blooms	& BonBons LLC	. '
•		
Amendment and fee(s) are su	bmitted for filing.	
ondence concerning this matte	r to the following:	
J	uana Martinez-Garrido	
	Name of Person	
BI		
	Firm/Company	
	827 N Ferdon Blvd	
	Address	
مان الله الله الله الله الله الله الله ال		
E-mail address: (nas.corner@yahoo.com to be used for future annual report noti	fication)
concerning this matter, please of	eall:	
Martinez-Garrido	at (_850)	682-9287
f Person	Area Code & Daytin	ne Telephone Number
ne following amount:		
\$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)
	Amendment and fee(s) are surpordence concerning this matter. Black Disconcerning this matter, please of the concerning this matter, please of the concerning this matter. Martinez-Garrido of Person The following amount: \$30.00 Filing Fee &	Blooms & BonBons, LLC Firm/Company 827 N Ferdon Blvd Address Crestview, FL 32539 City/State and Zip Code Joannas.corner@yahoo.com E-mail address: (to be used for future annual report notification and the second sec

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**

(Name of the Limited	Blooms & BonBons, LLC Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on	12/03/2009	and assigned	
Florida document number L0900011	5372			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		Ž	
		1380		
Enter new mailing address, if applicable:			TARY ASSE	
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and/or the new registered of		ur records, enter	the name of the ne	
Name of New Registered Agent:	Juana Martinez-Garrido			
New Registered Office Address:	827 N Ferdon Blvd			
	Enter Florida street address			
	Crestview	, Florida	32539	
New Registered Agent's Signature, if changing F	City		Zip Code	

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Donna Taylor	111 Sikes Dr Crestview, Fl 32539	Add Remove
MGRM	Juana Martinez-Garrido	827 N Ferdon Blvd Crestview,Fl 32539	Add ☐ Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amendi		(s) here: (Attach additional sheets, if necessary.)	_
· 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			-
Dated	November 01 , 201	Ta	
	//	or authorized representative of a member onna E Taylor	
-	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00