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D. BRUCE

MAR 05 2010

**EXAMINER** 

## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp								
SUBJE	CCT·	U DESIGN IT FLOWERS LLC							
3000			ited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please :	return all correspo	ndence concerning this matter	to the following:						
PATRICK MOYAL						_			
			Name of Person						
		MOYAL A	CCOUNTING SE	RVICES INC					
			Firm/Company						
10796 PINES BLVD SUITE 204									
			Address			PE PE	70		
		PEMBRO	OKE PINES, FLOI	RIDA 33026		AND MAR			
	City/State and Zip Code		_ <del></del>	AK) SSE	-4				
		MOYALA E-mail address: (	CCOUNTING@G	MAIL.COM		بن الراق	<b>=</b>		
For fur	ther information c	oncerning this matter, please	•	ai report notification)	r ai	STATE	MAR -4 AM 10: 47		
	DAT	RICK MOYAL	. 054	430-	3030	D III	7		
		f Person	at ( <u>954</u> ) Area Co	ode & Daytime Telep		<del></del>			
Enclos	ed is a check for th	ne following amount:							
\$25.00 Filing Fee  \$30.00 Filing Fee & Certificate of Status			(additional copy is enclosed) Certified			of Status &	osed)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Regisi Divisi Clifto 2661.	tration Section on of Corporations n Building Executive Center C nassee, FL 32301					

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U DESIGN IT FLOW	ERS LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
	• ,
The Articles of Organization for this Limited Liability Company were fi	iled on and assigned
Florida document numberL10000020723	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and end with the words "Limited Liab" "L.L.C."	bility Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	37,
(Principal office address MUST BE A STREET ADDRESS)	F. 70
	<b>进</b>
<del></del> _	SSS
Enter new mailing address, if applicable:	
	TO SE IN
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	<del>5</del>
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ldress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	Zip Code
Now Designated Assett Cimetum if shoulding Designand Agents	

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> ☐ Add ☐ Remove Add ☐ Remove ☐ Add ☐ Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE CORRECT NAME FOR THE MANAGING MEMBER IS DANIEL PABLO APOJ FINFER FEBRUARY 26 2010 Dated \_\_\_ Signature of a ptember of authorized representative of a member DANIEL PABLO APOJ FINFER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00