

L10000025384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

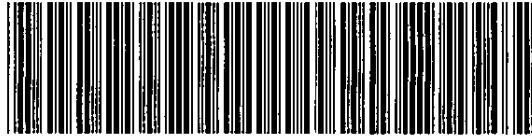
(Business Entity Name)

(Document Number)

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03/18/10--01005--023 \*\*25.00

FILED  
10 APR -5 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
APR 5 2010  
EXAMINER

S. HAWKES  
MAR 10 2010  
EXAMINER

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2010

BARBARA L FORD  
17 SERENITY PL  
PALM COAST, FL 32164

SUBJECT: SPEAKING ROSES OF CENTRAL FLORIDA, LLC  
Ref. Number: L10000025384

We have received your document for SPEAKING ROSES OF CENTRAL FLORIDA, LLC and your check(s) totaling \$25.00. 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.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 610A00006896

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Speaking Roses of Central Florida, 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:

Barbara L Ford  
Name of Person

Firm/Company

17 Serenity PL  
Address

Palm Coast, FL 32164  
City/State and Zip Code

bford1002@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara L Ford at 386 547-3793  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Speaking Roses of Central Florida LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
10 APR -5 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/08/2010 and assigned  
Florida document number L20000025384.

This amendment is submitted to amend the following:

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

Speaking Roses & More, 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)

17 Serenity PL  
Palm Coast, FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17 Serenity PL  
Palm Coast, FL 32164

**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:

Barbara L Ford

New Registered Office Address:

17 Serenity PL

Enter Florida street address

Palm Coast, Florida 32164  
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.

Barbara L Ford  
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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
10 APR 1993 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Dated \_\_\_\_\_

*Barbara L Ford*

Signature of a member or authorized representative of a member

BARBARA L FORD

Typed or printed name of signee