## L10000027463

(Requestor's Name)	-				
(Address)	-				
(Address)	-				
(City/State/Zip/Phone #)	-				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	•				
Special Instructions to Filing Officer:	]				
·					

Office Use Only



500187381335

10 NOV 17 AM 10: 46

RECEIVED

CURLCAMAD

B. KOHR

NOV 17 2010

**EXAMINER** 

10 NOV 17 PM 1: 36

SECRETARY OF STATE HYTSION OF CORPORALIONS



ACCOUNT NO. : I2000000195

REFERENCE :

579206

7361995

AUTHORIZATION

COST LIMIT

ORDER DATE: November 16, 2010

ORDER TIME : 4:20 PM

ORDER NO. : 579206-005

CUSTOMER NO: 7361995

## DOMESTIC AMENDMENT FILING

NAME:

THE FLOWER INVESTMENTS 882S,

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



THE FLOV (Name of the Limited) (A	VER INVES Liability Compa Florida Limited L	TMENTS 882S ny as it now appears o Liability Company)	n our records.	<del></del>	
The Articles of Organization for this Limited Lia		were filed onM	arch 11, 2010	and assigned	
Florida document number <u>L10000027</u>	463				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	840 16th Street, Apt. #16				
(Principal office address MUST BE A STREE	TADDRESS)	Miami Beach, F	orida 33139		
Enter new mailing address, if applicable:		840 16th Street,	Apt. #16		
(Mailing address MAY BE A POST OFFICE BOX)		Miami Beach, Florida 33139			
B. If amending the registered agent and/o registered agent and/or the new registered of			records, enter t	he name of the new	
Name of New Registered Agent:	Angel M. Ga	Garcia-Oliver, P.A.			
New Registered Office Address: 250 Bird Road. Suite 312					
	Enter Florida street address				
	C	oral Gables City	, Florida	33146 Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:	•		zip Coae	

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>	Address	Type of Action
MGR	Alexis Montero del Sola	840 16th Street, Apt. #16 Miami Beach, Florida 33139	Add Remove
MGR_	Jose A. Cueva	2666 Brickell Ave. Miami, Florida 33129	Add Remove
MGR	Angel M. Garcia-Oliver	2 Alhambra Plaza, Ste. 801 Coral Gables, Florida 33134	Add _ Remove
<u> </u>			Add Remove
•			Add Remove
			Add Remove
D. If a	mending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
	All decisions and actions by t	he Managers of this Company shall be taken and	_
	must be approved by all the M	Managers of the Company, unanimously, the	_
	signature of all Managers bei	ng clear evidence of such joint approval of the	<b></b>
	action. No action may be take	en by any one Manager and such action shall	-
	not bind this Company.		-
Dated _	November 8	,2010	
		- Ag	
		a member or authorized representative of a member	<del></del>
	ANGEL	Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00