L10000072094

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SECURISARY OF STATE
IN AHASSEE FROME

S. HAWKES

SEP 0 9 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co							
SUBII	SUBJECT: JANE & MARGE'S PETAL PUSHERS LLC							
SCDJI	<u></u>		ited Liability Company					
•								
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.					
Please	return all corresp	ondence concerning this matter	r to the following:					
		Jane Yudell						
			Name of Person					
		Jane &	Marge's Petal Pushers L	LC				
			Firm/Company					
	1200 Clint Moore Road, Suite #4							
			Address					
		В	oca Raton, FL 33487					
			City/State and Zip Code	1800-1814.0-				
		E mail address (roxy17152@aol.com to be used for future annual report n	atification)				
For fur	ther information	concerning this matter, please of		onneation				
		Jane Yudell	at (_561)	994-5557				
	Name	of Person	Area Code & Day	time Telephone Number				
Enclose	ed is a check for	the following amount:						
□\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Regist Divisi P.O. E	AING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	porations S Center Circle				

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

JANE & MARGE'S PETAL PUSHERS LLC

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

The Articles of Organization for this Limited Liability	Company were filed on	July 8, 2010异烷	andassigned
Florida document numberL10000072094			14 m
This amendment is submitted to amend the following:		SEL	-8 PH 12: 42
A. If amending name, enter the new name of the li	mited liability company here:		
DESIGNS B	BY PETAL PUSHERS LLC	.,	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company	y," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our	r records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
	City		ip Code
New Registered Agent's Signature, if changing Register	ed 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			7 6 6 m		
			TRemove		
			8 P		
			Att Refinove		
			Add		
			Remove		
			AddRemove		
D. If amend	ding any other information, e	nter change(s) here: (Attach additional shee	ets, if necessary.)		
_					
Dated	September 7				
	Jane 7	Art 11			
	Signature	of a member or authorized representative of a me	ember		
		Jane Yudell Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00