

210000073707

(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:

**A. LUNT**

SEP - 7 2010

**EXAMINER**

Office Use Only



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09/03/10--01014--002 \*\*25.00

2010 SEP - 3 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FLOWER OF JACKSONVILLE, LLC**  
**240 Croton Avenue, Suite 201**  
**Lantana, FL 33462**

August 29, 2010

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Re: Correction to FEIN Application – EIN #27-3269704

TO WHOM IT MAY CONCERN:

I am writing to correct a typographical error in the FEIN Application, which I filed. A copy of the Internal Revenue Service EIN confirmation letter is attached. Please note that I inadvertently typed the business address as 2140 Croton Avenue, Suite 201, Lantana, Florida 33462.

Please correct the address to 240 Croton Avenue, Suite 201, Lantana, Florida 33462.

Thank you in advance for your cooperation with respect to this matter.

Very truly yours,

Iris McDonald

Enclosure

FILED  
2010 SEP -3 PM 4:11  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLOWER OF JACKSONVILLE, 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:

IRIS MCDONALD

Name of Person

Firm/Company

240 CROTON AVENUE - SUITE 201

Address

LANTANA fl 33462

City/State and Zip Code

IRISMARIE1963@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRIS MCDONALD

Name of Person

at ( 561 )

400-5607

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

FILED  
2010 SEP -3 PM 4:10  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FLOWER OF JACKSONVILLE, 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 7/13/2010 and assigned  
Florida document number L10000073707

This amendment is submitted to amend the following:

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

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)

240 CROTON AVENUE

SUITE 201

LANTANA, FL 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

240 CROTON AVENUE

SUITE 201

LANTANA, FL 33462

**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:

New Registered Office Address:

240 CROTON AVENUE SUITE 201

*Enter Florida street address*

LANTANA

Florida

33462

*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.*

  
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>
MGRM	IRIS MCDONALD	240 CROTON AVENUE SUITE 1 LANTANA, FL 33462	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	IRIS MCDONALD	240 CROTON AVENUE SUITE 201 LANTANA, FL 33462	<input checked="" 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

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

\_\_\_\_\_

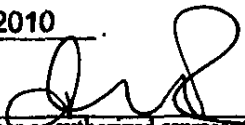
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\_\_\_\_\_

\_\_\_\_\_

Dated 8/23, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 IRIS MCDONALD  
 \_\_\_\_\_  
 Typed or printed name of signee