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TALLAHASSEE, FLORID

B. BOSTICK
AUG 2 2 2011
EXAMINER

COVER LETTER

	egistration Section vivision of Corporations			
SUBJEC	Orchid Distributors LLC			
SUBJEC	Name of Limited Liability Company			
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.			
Please reti	rn all correspondence concerning this matter to the following:			
	Amalia Bennett Name of Person			
	«			
	Orchid Distributors LLC			
	Firm/Company			
	21305 SW 296th ST		•	
	Address			
	Homestead, Florida 33030			
	AT .			
	info@orchiddistributors.com E-mail address: (to be used for future annual report notification)	至是	1 AUG 19	
For further	information concerning this matter, please call:	55 E. F.	9 PH 3: 1	
	Amalia Bennett at (786) 245-7822		بب —	
	Name of Person Area Code & Daytime Telephone Number	. DE	ယ	
Enclosed i	s a check for the following amount:			
\$25,00	Filing Fee \$\bigcup \\$30.00 \text{ Filing Fee & }\bigcup \\$55.00 \text{ Filing Fee & }\bigcup \\$60.00 Filing Fee &	te of Stat l Copy		osed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orchid L	Distributors LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appea nited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number L11000062427			and assigned
torida documentatament	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp.	any," the designation "LL	C" or the abbreviatio
Enter new principal offices address, if applicable:		ラン	n
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	بار جو	= 11
•			SANCORYS SANCORYS
		(A)	
Enter new mailing address, if applicable:			C. J. Carrier
(Mailing address MAY BE A POST OFFICE BOX)	 		
maning datacess MITTE BETT TOST OF FICE DOTS			571 - w
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, <u>enter the</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addre.	SS
		, Florida	
	City	, - 1011	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Orchids By Sonia LLC	21305 SW 296th ST Homestead, Florida 33030	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add
	•		Add
			Remove
	·		Add Remove
	:		Add Remove
			 ∏Add
D. Ifamon	ling any other information, anter	change(s) here: (Attach additional sheets, if necessa	Remove
•	ing any other information, enter	change(s) here. (Anden daantonal sneets, if necessar	, y.,
<u> </u>			SECKE AUG
			S. O
			5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Dated	August 16	2011	3 DA
	Signature of a h	nember or authorized representative of a member	
		Amalia Bennett	

Page 2 of 2

Filing Fee: \$25.00