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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE

10/03/16

D. BRUCE  
SEP 30 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Enchanted Florist of Cape Coral, 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:

Anne Floren  
Name of Person  
Enchanted Florist of Cape Coral LLC  
Firm/Company  
1616 Cape Coral Parkway W. #114  
Address  
Cape Coral FL 33914  
City/State and Zip Code  
capcoralenchantedflorist@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Floren at 289, 273-4685 or 540.3353  
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)

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2018 SEP 03 02  
TALLAHASSEE  
FLORIDA

☒ \$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**

Enchanted Florist of Cape Coral 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 9/27/16 and assigned  
Florida document number L11000112033

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Cheryl Myers

New Registered Office Address:

1616 Cape Coral Parkway W. #114

Enter Florida street address

Cape Coral

City

Florida

33914

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 605, 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.*

Cheryl Myers

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 10/03/16

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Linda McHugh	1404 SE 10th Ave Cape Coral FL 33990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		3111 SE 18th Ave	<input type="checkbox"/> Change
MGR	Anne Floren	Cape Coral FL 33909	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cheryl Myers	831 Old Burnt Store Rd N Cape Coral FL 33993	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric Myers	831 Old Burnt Store Rd N. Cape Coral, FL 33993	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUL 29 2011  
TALLAHASSEE, FLORIDA

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

2016 SEP 29 P 3:02  
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FLORES

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2006 SEP 29 P 3 02  
FBI - ALBUQUERQUE

E. Effective date, if other than the date of filing: Oct 3rd 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.

Cheryl Mages  
Signature of a member or authorized representative of a member

Cheryl Myers Typed or printed name of signee