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J. SAULSBERRY  
EXAMINER  
APR 17 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DOUGLITAS FLOWERS AND FRUITS 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:

**DOUGLAS J. SORIANO**  
Name of Person  
**DOUGLITAS FLOWERS AND FRUITS LLC**  
Firm/Company  
**1956 NW 17 AVE**  
Address  
**MIAMI, FL 33125**  
City/State and Zip Code  
**SHERYJROMERO@LIVE.COM**  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**DOUGLAS J. SORIANO** at ( **786** ) **387-1120**  
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)
- \$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



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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated APRIL 10, 2013

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

*Douglas J. Soriano*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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