

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORA BOUTIQUE 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:

ROSA E. LEON

Name of Person

ROSA E. LEON

Firm/Company

16132 NW 14TH COURT

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

ICRLEON@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ROSA E. LEON

Name of Person

954 436-0936

at ()

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 attending 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>
MGR	NORA PAREDES	1701 NW 96TH TERRACE	<input type="checkbox"/> Add
		APT. P	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33024	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

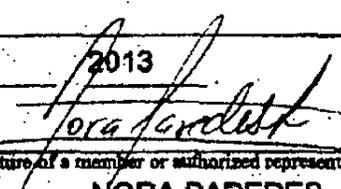
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

HEREBY I, THE UNDERSIGNED, RESIGN AS VICE-OPERATING
MANAGER OF FLORA BOUTIQUE LLC EFFECTIVE THIS DATE

Dated

MARCH 15

2013



Signature of a member or authorized representative of a member

NORA PAREDES

Typed or printed name of signer