

L 12000052762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

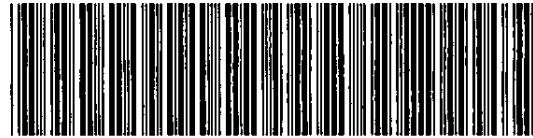
(Business Entity Name)

(Document Number)

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03/27/13--01013--017 **30.00

FILED
13 MAR 27 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 4 2013

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

at (**954**) **436-0936**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORA BOUTIQUE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 MAR 27 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 18, 2012 and assigned
Florida document number L12000052762.

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)

11325 NW 14TH COURT
PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16132 NW 14TH COURT
PEMBROKE PINES, FL 33028

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:

ROSA E. LEON

New Registered Office Address:

16132 NW 14TH COURT

Enter Florida street address

PEMBROKE PINES

, Florida 33028

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

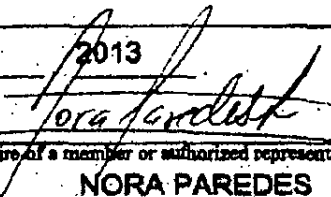
HEREBY I, THE UNDERSIGNED, RESIGN AS VICE-OPERATING

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