

L12000052762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

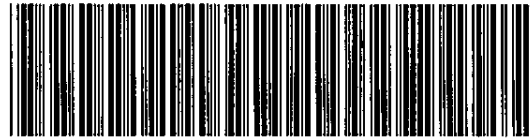
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700265701617

10/30/14--01026--010 **55.00

FILED
14 OCT 30 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 31 2014

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

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

**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)

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:

21386 PROVINCIAL BLVD.

(Principal office address MUST BE A STREET ADDRESS)

KATHY, TX 77450

Enter new mailing address, if applicable:

16132 NW 14TH COURT

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

14 OCT 30 PM 1:37
SECRETARY OF STATE
ALLAHABAD, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KLAUS NICOLAS GRAETZER	21386 PROVINCIAL BLVD.	<input checked="" type="checkbox"/> Add
		KATHY, TX 77456	<input type="checkbox"/> Remove
MGR	NORA P. PAREDES	JULIO ARELLANO N 47-63 APT. 8	<input checked="" type="checkbox"/> Add
		QUITO, ECUADOR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
14 OCT 30 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

THE FOREGOING AMENDMENT CORRECT THE PREVIOUS ONE FILED ON SEP/14

TO CLEARLY EXPRESS THAT FLORA BOUTIQUE LLC WAS ACQUIRED BY KLAUS

NICOLAS GRAETZER AND NORA P. PAREDES WHO SHARES 50% EACH OF THE

COMPANY'S STOCKS. FLORA BOUTIQUE LLC WILL CONTINUE, AS USUAL, TO

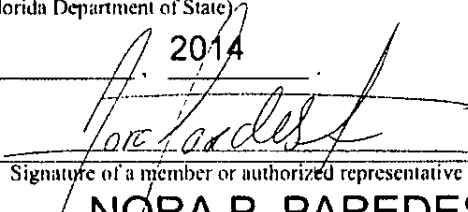
CONDUCT BUSINESS UNDER THE NEW MANAGEMENT

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 23, 2014

X


Signature of a member or authorized representative of a member

NORA P. PAREDES

Typed or printed name of signee

FILED
14 OCT 30 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA