Division of Corporations

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(((H120001561963)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A. Account Number : 076624003440

: (305)444-6226 Phone : (305)442-4829 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

T	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN AND FLOWERS DETAIL, LLC

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GREEN AN	D FLOWERS DETA	IL, LLC
	Name of Limit	ed Liability Company	IL, LLC
	f Amendment and fee(s) are sub condence concerning this matter	_	· 75
		LAURA KOHN	
		Name of Person	
	ARAZOZA	& FERNANDEZ-FRAG	A P.A.
		Pirm/Company	
	2100 8	SALZEDO ST, SUITE 3	00
		Address	
	COF	AL GABLES, FL 33134	
		City/State and Zip Code	
		JRA@ARAZOZA.COM o be used for future annual report	ngtification)
For further information	concerning this matter, please c	·	
<u>L</u>	AURA KOHN	at (305)	444-6226 X 233
Name	of Person	Area Code & Da	ytime 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 encl	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	LING ADDRESS:	STREET/CO	URIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

GREEN AND FLOWERS DETAIL, LLC

[Name of the Limited Limbility Company as it new appears on our records,)
(A Florida Limbility Company) The Articles of Organization for this Limited Liability Company were filed on 05/09/2012 __ and assigned L12000062922 Florida document number This amendment is submitted to amend the following: A. If amending same, enter the new name of the limited Rability company here: **GREEN AND FLOWERS DESIGNS, LLC** The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Moiling 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 sugat and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

New Registered Agent's Signature, if changing Recistered 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 Aprel, Stenature of New Registered Azent

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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:

	Name	Address	Type of Action
			AddRemove
			Add Remove
			Add Remove
			Add Remove
	nding any other information, enter char	rage(s) here: (Anach additional sheets, if neces	isary.)
D. Ifame			
D. If ame	india, any one, province, con		·
- - -			
- - -	JUNE 12	2012 7 CVG mber or authorized representative of a member	

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