

05/14/2012 14:24 FAX

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC  
Account Number : 120110000070  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLOWER 1492 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

A. LUNT

MAY 15 2011

EXAMINER

H120001306333

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLOWER 1492 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@SOLUTIONSBYACCOUNTANTS.COM

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

For further information concerning this matter, please call:

MOSES NAE

Name of Person

at ( 305 )

541-3980

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

H120001306333

FILED  
2012 MAY 14 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H120001306333

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLOWER 1492 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 05/10/2012 and assigned  
Florida document number L12000063497.

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)

Enter new mailing address, if applicable:

(Mailing 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 agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	VULCANO, AGUSTIN L	1549 NE 123RD ST NORTH MIAMI FL 33161 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VULCANO, AGUSTIN L	1549 NE 123RD ST NORTH MIAMI FL 33161 US	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 14, 2012

Signature of a member or authorized representative of a member

AGUSTIN L VULCANO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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