

05/22/2012 17:23 FAX

Division of Corporations

001/004

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ACCOUNTANT & MANAGEMENT INC
Account Number : I20110000070
Phone : (305) 541-3980
Fax Number : (305) 541-7033

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

Email Address: _____

RECEIVED

12 MAY 23 AM 6:51

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 23 AM 7:29

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B. BOSTICK

MAY 24 2012

EXAMINER

H120001371733

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

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TALLAHASSEE, FLORIDA

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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

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

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

Dated MAY 22, 2012

Signature of a member or authorized representative of a member

AGUSTIN L VULCANO

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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