

L12000094105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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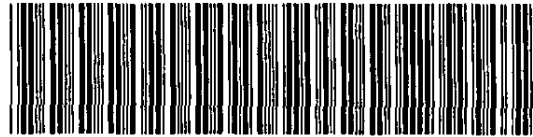
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2013

WILMINGTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ST Lucie Florist 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:

MARY ANN LADZINSKI

Name of Person

ST Lucie Florist LLC.

Firm/Company

8735 S US Hwy 1

Address

Port St Lucie FL 34952

City/State and Zip Code

StLucieFlorist@aol.com

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

For further information concerning this matter, please call:

MARY ANN LADZINSKI

Name of Person

at 772 237 4186

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

ST LUCIE FLORIST 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 09/01/2012 and assigned
Florida document number L12000094105

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)

8735 S US Hwy 1
PORT ST LUCIE FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8735 S US Hwy 1
PORT ST LUCIE FL 34952

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:

MARYANN LADZINSKI

New Registered Office Address:

8735 S US Hwy 1

Enter Florida street address

PORT ST LUCIE

Florida

34952

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 60S, 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.

Maryann Ladzinski
If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	JANET M. FAVALE	2432 SW Monterey Lane	<input type="checkbox"/> Add
		Port St Lucie FL 34953	<input checked="" type="checkbox"/> Remove
MGRM	PHillip G. Petruzzelli	8735 S Fed Hwy US 1	<input type="checkbox"/> Add
		PORT ST Lucie FL 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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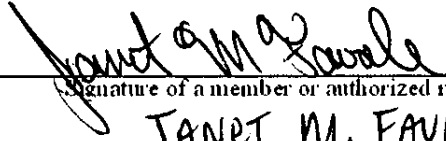
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TALLAHASSEE, FLORIDA

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Add
Remove

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

* THIS REMOVAL OF JANET M. FAVALA AND
PHILLIP G. PETRUZZELLI RELIEVES THESE TWO MGRM
MEMBERS OF FUTURE LIABILITIES OR ISSUES
RELATED TO ST LUCIE FLORIST LLC, AND (DBA)
ST LUCIE FLORIST AND BOUTIQUE

Dated Aug. 31, 2013



Signature of a member or authorized representative of a member

JANET M. FAVALA

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA