

LI 2000

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

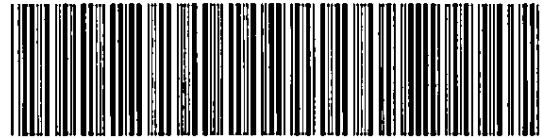
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NFRE 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:

Elliot I. Kramer, Esq.

Name of Person

Goldman & Kramer, P.C.

Firm/Company

103 Eisenhower Parkway, 2nd Floor ; P.O. Box 610

Address

Roseland, New Jersey 07068

City/State and Zip Code

ajohnston@sunshinebouquet.com

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

For further information concerning this matter, please call:

Elliot I. Kramer, Esq. of Goldman & Kramer, P.C. at (**973**) **582 - 1224**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NFRE 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 December 14, 2012 and assigned Florida document number L12000156443.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2011 NW 70th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33122

Enter new mailing address, if applicable:

2011 NW 70th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33122

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:

Sunshine Bouquet Company

New Registered Office Address:

2011 NW 70th Avenue

Enter Florida street address

Miami

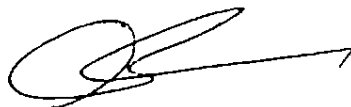
City

Florida 33122

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 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.



**ANDREW JOHNSTON, Vice President of
Sunshine Bouquet Company**

(If Changing Registered Agent, Signature of New Registered Agent)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Sunshine Bouquet Company	2011 NW 70th Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**GOLDMAN
& KRAMER**

A Professional Corporation

CHECK REQUISITION

FRIDAY, OCTOBER 25, 2019

CLIENT TO BE CHARGED:	SUNSHINE BOUQUET COMPANY		
MATTER:	ACQUISITION OF BUSINESS		
PAY TO THE ORDER OF:	FLORIDA DEPARTMENT OF STATE		
CHECK INFORMATION	FILING & CERT. COPY FEE (FL DOC. NO. L12000156443)		
CLIENT MATTER NO.	5282-017		
AMOUNT:	\$55.00		
DATE:	10/25/2019		
REQUESTED BY:	E. KRAMER	V. GREENE	
<input checked="" type="checkbox"/>	DISBURSEMENT ACCOUNT		
<input type="checkbox"/>	TRUST ACCOUNT		
		DATE PAID:	10/25/2019
		CHECK NO.:	7999