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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: _____

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TALLAHASSEE, FLORIDA

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FLOREN LLC

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TALLAHASSEE, FLORIDA

SEP 20 2013
D. BUTLER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOREN 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 INC

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

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

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

MOSES NAE

Name of Person

305 541-3980

at ()

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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and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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:

MGRM = Managing Member

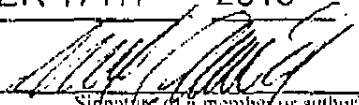
Title	Name	Address	Type of Action
MGR	KARPEL INTERNATIONAL LIMITED	1549 NE 123RD ST NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARKOWIECKI, EDUARDO D	1549 NE 123RD ST NORTH MIAMI, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARKOWIECKI, HORACIO C	1549 NE 123RD ST NORTH MIAMI, FL 33161	<input type="checkbox"/> Add <input checked="" 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
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 17TH 2013



Signature of a member or authorized representative of a member

EDUARDO D MARKOWIECKI

Typed or printed name of signer

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