L13000057807

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Office Use Only



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EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

POWER FLOWER, 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:

Carolyn Kahl

Name of Person

ROCA GONZALEZ, PA

Firm/Company

2601 S. Bayshore Drive, Suite 725

Address

MIAMI, FLORIDA 33133

City/State and Zip Code

CKAHL@RGPA.COM

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

For further information concerning this matter, please call:

Carolyn Kahl

,,305<u>,</u>859-6050

Name of Person

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

	POW	/ER	FL	.OWI	ER.	LL	C
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(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 Liab	oility Company	were filed on April 19, 201	and assigned
Florida document number <u>L13000057807</u>	·		7AL13
This amendment is submitted to amend the follow	-		0C1 28 F
A. If amending name, enter the new name of the	<u>he limited liabi</u>	lity company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	c/o 8 1/2 CAFFE' & BO	OTTEGA
(Principal office address MUST BE A STREET	ADDRESS)	1717 North Bayshore Driv	ve- THE GRAND, Suite 109
		Miami, Florida 33132	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	4747 North Doughard Drive Til		OTTEGA ve- THE GRAND, Suite 109
Induing dualess MAT BE A FOST OFFICE BO	<u>) </u>	Miami, Florida 33132	
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here	:	s, enter the name of the new
Name of New Registered Agent:	RGPA Regi	stered Agent, Corp.	
New Registered Office Address:	2601 South	Bayshore Drive, Suite	725
		Enter Florida	street address
	Miami	, F	lorida <u>33133</u>
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBERTO CALANCHI	1717 N. Bayshore Drive	Add
		THE GRAND 3932	Remove
		MIAMI, FL 33132	_
MGR	ROBERTO CALANCHI	2601 S. Bayshore Dr.	Add
		Suite 725	Remove
		MIAMI, FL 33132	_
MGRM	PATRIZIA BAGNOLINI	1717 N. Bayshore Drive	_
		THE GRAND 3932	Remove
		MIAMI, FL 33132	
MGR	PATRIZIA BAGNOLINI	2601 S. Bayshore Dr.	Add
		Suite 725	Remove
		MIAMI, FL 33132	
MGR	MASIEL PEREZ	2601 S. Bayshore Dr.	Add
		Suite 725 5.	Remove
		MIAMI, FL 33132	
		SSEC	; Add
			Remove
		v.	" G

mienamg any other ir	nformation, enter change(s) here: <i>(Attach additional sheets, if necessa</i>
October 18	2013
Roberto	Colouedu
ROBERTO C	Signature of a member or authorized representative of a member
	Typed or printed name of signce

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Filing Fee: \$25.00

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