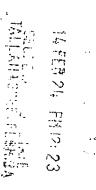
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Office Use Only



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1 States FEB 2 5 2014

## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: Person	onal Touch Flo	rist & Gifts, l	LLC
SUBJECT:	Name of Lim	ited Liability Co	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filinį	itent is to be
Please return all correspo	ondence concerning this matter	to the followin; $\mathcal{A}$	stent is to be single member PC
	Judy Bell	L	PC.
		Name of l	
	Personal To		
	P.O. Box 30	Firm/Cor.	
		Address	
	Graceville, F	L 32440	
		City/State and Zip Code	
	JudyBell2012@g	mail.com to be used for future annual re	port notification)
Fau Gushau information o	·		port nouncanon,
	oncerning this matter, please c		SE 0450
Judy Bell		at (850) 41	Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/	COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### **COVER LETTER**

TO:	Registration Section Division of Corporation			•	
SUBJI	Persor	nal Touch Flor	rist & Gifts,	LLC	
SUDJI	ECT:		d Liability Company		
The en	closed Articles of Arr	nendment and fee(s) are subm	itted for filing.		
Please	return all corresponde	ence concerning this matter to	the following:		
		Judy Bell			
			Name of Person		
		Personal Tou	uch Florist a	& Gifts,	LLC
			Firm/Company	· ·	<del></del>
		P.O. Box 307	7		
			Address		
		Graceville, Fl	L 32440		
			City/State and Zip Code		- · · · · · · · · · · · · · · · · · · ·
	-	JudyBell2012@gn			
			be used for future annual re	eport notification)	
		cerning this matter, please call			
Ju	dy Bell		<sub>at</sub> (850 41	15-0159	
	Name of Pe	erson	Area Code	Daytime Telepho	ne Number
Enclos	ed is a check for the f	ollowing amount:			
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

Personal Touch Florist & Gifts, LL			
(Name of the Limited Liability) (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecoras.)	
The Articles of Organization for this Limited Liability C	ompany were filed on 04/23/201	13	and assigned
Plorida document number L1300059892	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		-	
Principal office address MUST BE A STREET ADDR	(ESS)		 .‡~
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		aller A	<del>्य</del> । । । । । । । । । । । । । । । । । । ।
2.4		7. St.	T
Enter new mailing address, if applicable:		Fig. 4	TO 1 3 3 5
Mailing address MAY BE A POST OFFICE BOX)			· 5
			1.0
		. 30	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office adding the new registered office adding the new registered of New Registered Agent:		ords, enter t	<del></del>
Nume of New Registered Asgent.	,		
New Registered Office Address:	p. p		
	Enter Florida street ac	ddress	
	Cit	, Florida	Tin Code
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** Charlie C. Bell 1130 Selma Church Rd **MGRM** Graceville, FL 32440 **■** Remove Jennifer Stout 1091 Culbreth Rd MGRM □ Add Graceville, FL 32440 Remove □ Add N dd ' উ\_□\_Remove ☐ Remove □ Remove

f amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
e effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)  Tebruary 19,  2014	cannot be more than 90 days after
Mective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)  The property 19, 2014  Signature of a member or authorized representation of the prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)  Signature of a member or authorized representation of the prior to date of receipt or filed date and the date of filing:  Signature of a member or authorized representation of the prior to date of receipt or filed date and the date of filing:  Signature of a member or authorized representation of the prior to date of receipt or filed date and the date of filing:  Signature of a member or authorized representation of the prior to date of receipt or filed date and the date of the prior to date of receipt or filed date and the date of the prior to date of the prior to date of receipt or filed date and the date of the prior to date o	cannot be more than 90 days after

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Filing Fee: \$25.00