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TALLAHASSEE, FL 32304

J. Stivers FEB 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Personal Touch Florist & Gifts, LLC

Name of Limited Liability Co-----

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

*Intent is to be
a single member
LLC*

Judy Bell

Name of I

Personal Touch Fl

Firm/Cor

P.O. Box 307

Address

Graceville, FL 32440

City/State and Zip Code

JudyBell2012@gmail.com

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

For further information concerning this matter, please call:

Judy Bell

Name of Person

at (850) 415-0159

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, FL 32301

Personal Touch Florist & Gifts, LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charlie C. Bell	1130 Selma Church Rd	<input type="checkbox"/> Add
		Graceville, FL 32440	<input checked="" type="checkbox"/> Remove
MGRM	Jennifer Stout	1091 Culbreth Rd	<input type="checkbox"/> Add
		Graceville, FL 32440	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

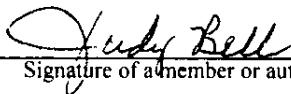
14 FEB 24 PM 10 23
TALLAHASSEE
STATE OF FLORIDA
CLERK OF SUPERIOR COURT

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **February 19,** _____, **2014**



Signature of a member or authorized representative of a member

Judy Bell

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE CLERK