

L13000063783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

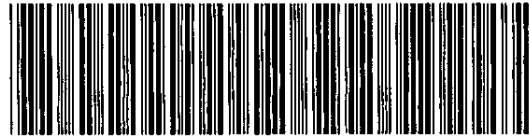
(Document Number)

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Amend

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2013 AUG 30 AM 11:32
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CLERK
11280A

J. SAULSBERRY
EXAMINER
SEP 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIELO GIFT BASKETS,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:

CEFERINO ACEVEDO JR

Name of Person

ACEVEDO & ASSOCIATE P.A.

Firm/Company

1084 PLAZA DR

Address

KISSIMMEE FL 34743

City/State and Zip Code

LOTTYMARY@AOL.COM

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

For further information concerning this matter, please call:

CEFERINO ACEVEDO JR at (407) 348-4159

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

2013 AUG 30 AM 11:32
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CIELO GIFT BASKETS, 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 MAY 01 2013 and assigned
Florida document number L13000063783.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAME

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

212 OLIVEWOOD CT.

KISSIMMEE FL 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

212 OLIVEWOOD CT.

KISSIMMEE FL 34743

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: SAME

New Registered Office Address: 212 OLIVEWOOD CT.

Enter Florida street address

KISSIMMEE, Florida 34743

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	SAME		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	SAME		<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.)

THE AMENDING IS ONLY FOR THE PURPOSE OF CHANGE

THE CORPORATION ADDRESS AND THE MANAGING MEMBERS

ADDRESS.

Dated AUGUST 27, 2013



Signature of a member or authorized representative of a member

HIRAMIA MILAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 AUG 30 AM 11:32
CLERK OF STATE
TALLAHASSEE, FLORIDA