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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

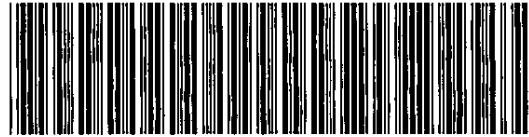
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **ARZIKI NURSERY 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:

**JULIAN FLORES**

Name of Person

**ARZIKI NURSERY LLC**

Firm/Company

**PO BOX 344365**

Address

**FLORIDA CITY, FL 33034**

City/State and Zip Code

**ARZIKIENTERPRISES@GMAIL.COM**

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

For further information concerning this matter, please call:

**JULIAN FLORES**

Name of Person

at ( **954** ) **648 6875**

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**

**ARZIKI NURSERY 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 05/28/2013 and assigned  
Florida document number L13000076553.

This amendment is submitted to amend the following:

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

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)**

31601 SW 217TH AVE  
HOMESTEAD, FL 33030

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 344365  
FLORIDA CITY, FL 33034

**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: JULIAN FLORES

New Registered Office Address: 2457 NE 3RD CT.

*Enter Florida street address*

HOMESTEAD, Florida 33033  
*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.*

*[Signature]*  
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:

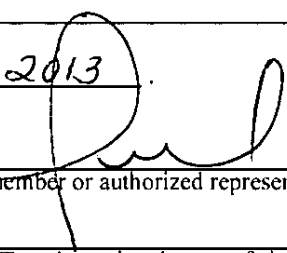
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|-----------------|-----------------------|--|
| MGRM         | LIVAN MARQUEZ   | 20810 SW 234TH STREET | <input type="checkbox"/> Add               |
|              |                 | HOMESTEAD, FL 33031   | <input checked="" type="checkbox"/> Remove |
| MGRM         | JUAN C MARCIAGA | 2230 SE 19TH AVE      | <input type="checkbox"/> Add               |
|              |                 | HOMESTEAD, FL 33035   | <input checked="" 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 Nov/25/, 2013.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**JULIAN FLORES**  
\_\_\_\_\_  
Typed or printed name of signee

NOV 26 2013  
12:05 PM  
CLERK OF COURT  
CLERK OF COURT