## 43000134545

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900284566649

04/15/16--01016--007 \*\*25.00

2016 APR 15 P 12: 39

## **COVER LETTER**

	istration Se ision of Cor			
SUBJECT:		FLORA LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	•
		LIOR HARARI		
			Name of Person	
		GLOBAL FLORA LLC		
			Firm/Company	
		5846 S FLAMINGO RD. S	STE 520	
			Address	
		COOPER CITY, FL 33330	)	
			City/State and Zip Code	
		harari.lior@gmail.com	to be used for future annual report noti-	fication)
For further in	iformation co	oncerning this matter, please ca	•	ireation,
Rick Peterso	on.		954 434-7511 at ( )	
	Name o	Person		e Telephone Number
Enclosed is	a check for th	e following amount:		2016 SEC TALL
■ \$25.00 F	filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

(Name of the Limited Liability Comp	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 113000134545		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L1.C" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Putan		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		主席 强
	Enter Florida street address	(C) 27 (C) 1
	, Florida	ne III
New Registered Agent's Signature, if changing Registered Agent	City:	Zip Code
I hereby accept the appointment as registered agent and ag		₽r: <b>%</b>

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mgr	Lior Harari	5846 S FLAMINGI RD. STE 520.	City FC 33530 ■ Add
			□ Remove
			Change
	·	·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			☐ Remove
			Change
			Remove
			Change
		<del> </del>	
		·	Bemove  Dignange  AAA  AAA  AAA  AAA  AAA  AAA  AAA
			Add The Remove
			Change
	·		
			□ Remove
			Change

*	· ,,	•								
			<del></del>							
-										
	<del></del>									
				···	.4					
								······		
							<del></del>	1		
								圣强	2018	ratal
								HAA Esse	PR	menagerini.
			<u></u>					555		7
									<u>ന</u>	7
									₽ G	
e <b>ctive dat</b> Leffective da	<b>e, if other</b> ( ite is listed, th	han the da	te of filing	g:	rior to date o	f filing or mor	e than 90 da	(optional) ys after filing		t to 605.0
te: If the d	ate inserted	in this block	does not n	neet the ap	plicable sta	utory filing	requiremer	nts, this date	will 18t	be listed
ument s ei	tective date	on the Depa	riment of S	tale s reco	rds.					
rocard c	oocifies a	dolayod o	ffactiva c	lata but	not an o	factiva tir	no at 10	):01 a m	on the	aarliar
		the record		iate, but	not an e	rective til	11e, at 12	2:01 a.m.	on the	earner
ed	4-11			201	6.					
		D	. 1.	. 4						
		ي لـا	enature of a r		uthorized so	nracantative o	f a member			<del></del>
						a cschianve o	LAMEINUCI			

Page 3 of 3

Filing Fee: \$25.00