

L14000137251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

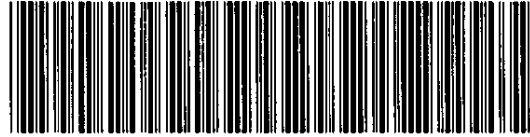
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 21 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GARDEN FLOWERS 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:

Jondono Andres

Name of Person

The Garden Flowers LLC

Firm/Company

2501 E COMMERCIAL BLVD SUITE 100

Address

FORTLAUDERDALE FL 33308

City State and Zip Code

Finegold2009@hotmail.com

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

For further information concerning this matter, please call:

Andres Jondono

Name of Person

at (754)

Area Code

368-1120

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$35.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	OMAIRA ORTEGA	2501 E Commercial Blvd	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33308	<input type="checkbox"/> Change
MGR	Andres Jondano	3200 N Federal Hwy K-4	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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07/13/2015

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/13 2015

X

Signature of a member or authorized representative of a member

Andees Jondo

Typed or printed name of signee

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STATE OF FLORIDA
JULIA A. GIBSON