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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 17 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Perfect Gift Flowers + Balloons 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:

Carmen M. Martinez.

Name of Person

Firm/Company

1508 Babcock st. Suite 103

Address

Melbourne FL. 32909

City/State and Zip Code

cmartinez0723@hotmail.com

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

For further information concerning this matter, please call:

Carmen M. Martinez

Name of Person

at (321)

Area Code

848-4258

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

A Perfect Gift Flowers + Balloons LLC.

A Perfect Gift Flowers & Balloons 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>
MGR	Carmen Martinez	1508 Babcock St. Suite 103	<input checked="" type="checkbox"/> Add
		Melbourne FL. 32901	<input type="checkbox"/> Remove
MGR	Carlos Martinez	1508 Babcock St. Suite 103	<input checked="" type="checkbox"/> Add
		Melbourne FL. 32901	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA

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 October 7th, 2014.

Carmen M. Martinez

Signature of a member or authorized representative of a member

Carmen M. Martinez

Typed or printed name of signee

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Filing Fee: \$25.00

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