L14000166073

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B. BOSTICK NOV 1 7 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: A le	-fect Gift =	Howers + Balloons ited Liability Company	HC.	
	rano or Emi	под гластну сотрану		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Carnu	en M. Hartinez.		
		Name of Person		
		Firm/Company		
	1508 Babco	ck st. Suite 10?	3	
		Address		
	Helbourne	FL. 3290 9 City/State and Zip Code 1723 Qhotmail.com	چە ئ ^{ىن}	
		City/State and Zip Code		-
	cmartinez (1723 Whotmail.com	ation)	ا ميسيد
	E-mail address: (to be used for future annual report notific	ration)	
For further information con-	cerning this matter, please ca	ail:	THE U	アニコフ
Carnen U. N Name of Po	fartinez	at (321) 848~ 4		C
Name of Po	erson	Area Code Daytime	Telephone Number 1377 8	
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 Taliahassee, 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

A Perfect Gift Flowers	+ Balloons LC	•
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reculiability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 10-24-	14 and assigned
Florida document number <u>L 14000166073</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
A Perfect Gift Flowers +	Balloons LC.	
The new name must be distinguishable and end with the words "Limited Liai	bility 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)		20 2
Enter new mailing address, if applicable:		質べっ
(Mailing address MAY BE A POST OFFICE BOX)		int U O
		924 X 5
		UFF O
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our reco	rds, enter the name of the ne
registered agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 605, 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 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 **Title** <u>Name</u> **Type of Action** <u>Address</u> MER Carmen Hartinez 1508 Babcock St. Suite 103 □ Add Melbourne FL. 32901 ☐ Remove 1508 Babcock St. Suite 103 DAdd MGR Carlos Martinez Helbourne FL. 32901 ☐ Remove T Add Remove □ Add □ Remove ☐ Add _□ Remove

	late, if other than the date of filing:
this	
this	document is filed by the Florida Department of State)

Page 3 of 3

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2011 NOV 10 P 3: 58