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MAY 19 2015

## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:		LOWERS & BOOKS, LLC				
SUDJECT:		Name of Lim	ted Liability Company			
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		XAVIER VITERI				
			Name of Person			
		VITERI FINANCIAL COI	RPORATION			
		<u> </u>	Firm/Company			
		6721 SW 69 TERRACE				
			Address			
		MIAMI, FL 33143			A B	
			City/State and Zip Code		ALL S	CHARGE
		XAVIER@VITERIFINAN			HA A	- T
		E-mail address: (	to be used for future annual report notific	cation)	SSE SAFY SAFY	
For further i	information co	oncerning this matter, please ca	all:		문. 연연 <b>공</b>	m
XAVIER V	ITERI		786 262-1237		공 <mark>작                                    </mark>	0
	Name o	f Person	Area Code Daytime	Telephone Number	8	
Enclosed is	a check for th	ne following amount:				
\$25,001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	

TO:

**Registration Section** 

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

SWEETS FLOWERS & BOOKS,	LLC		
( <u>Name of the Limi</u>	ted Liability Company as it now app (A Florida Limited Liability Company	cars on our records.) y)	
The Articles of Organization for this Limited L Florida document number L14000175744	iability Company were filed on	and assigned and assigned	ed
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ந்து <b>த</b>	***
Enter new principal offices address, if applie	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>	em:30
		ISSE VARY VARY	
		0F 20	m
Enter new mailing address, if applicable:		STATE STATE	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	10 <b>6</b>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of	the new
Name of New Registered Agent:	VITERI FINANCIAL CORPO	PRATION	
New Registered Office Address:	6721 SW 69 TERRACE		
	Enter I	Florida street address	
	MIAMI	, Florida <sup>33143</sup>	
	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.

Xavier Viteri

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGRM	BOGDAN G CSERVENSCHI	13899 Biscayne Blvd Suite 415	
		North Miami Beach, FL 33181	☐ Remove
			■ Change
MGR	IOANA URETU	13899 Biscayne Blvd Suite 415	
		North Miami Beach, FL 33181	■ Remove
			☐ Change
			☐ Remove
			A SCHOOL TO
		<u> </u>	SEE VALLE
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	Dan Maza	·		
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	Signature of a member or a	uthorized representation	af a mumbar	

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Filing Fee: \$25.00