# 11400175744

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2015 DEC -7 P IZ: 02
SECRETARY OF STATE.

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## **COVER LETTER**

	stration Section sion of Corporations	
	Sweets Flowers & Books LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	Xavier Viteri	
	Name of Person	_
	Viteri Financial Corporation	
	Firm/Company	_
	6721 SW 69 Terrace	
	Address	
	Miami, FL 33143	
	xavier@viterifinancial.com	EC -1 P
For further info	E-mail address: (to be used for future annual report notification)  ormation concerning this matter, please call:	MIS DEC -7 P 12: 02 SECRETARY OF STATE SECRETARY OF STATE
Xavier Viteri	786 262-1237 at ( )	Dm 2
	Name of Person Area Code Daytime Telephone Number	r
Enclosed is a c	check for the following amount:	
■ \$25.00 Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy Ce	ate of Status &

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 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/12/14}{12}$ and assigned Florida document number L14000175744 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6721 SW 69 Terrace Enter new principal offices address, if applicable: Miami, FL 33143 (Principal office address MUST BE A STREET ADDRESS) 6721 SW 69 Terrace Enter new mailing address, if applicable: Miami, FL 33143 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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 removed from our records:

AGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<del></del>	□ Remove
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			☐ Change

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active	e date, if other than the date of filing: 11/24/2015 (optional)
n effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing:) Pursuad to 605.0
<u>ite:</u> If cumen	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
recoi	t's effective date on the Department of State's records.  ARCHASSON  ON THE COLUMN AND THE PROPERTY OF THE PRO
The 9	Oth day after the record is filed.
	Oth day after the record is filed.
ted	Oth day after the record is filed. $(2/02/20/5)$ $(2/02/20/5)$ $(2/02/20/5)$ $(2/02/20/5)$
	12/02/2015
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00