L150000 69445

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WAR 22 TOTA J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flora Art Guide Miami, 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:
Conrado Basulto Name of Person
Name of Person
Firm/Company
2879 W 7/PL Address
High Leaff, FC 33018 City/State and Zip Code
·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Contado Basolto at 305 632 - 7853 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Flora Art Guide Liamie, (Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan)	ears on our records.)
	· ·
the Articles of Organization for this Limited Liability Company were filed on	4/21/2015 and assigned
lorida document number <u>L 150000 69445</u> .	
This amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
ne new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	9.39 00 17
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	57 2
Huding man ess MAT BE AT OST OFFICE BOA	2: 23 DRAFE
	13
If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the name of the
Name of New Registered Agent.	
New Registered Office Address:	
	lorida street address
Enter F	
Enter F City	, Florida Zip Code

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{M}\mathbf{G}\mathbf{R} = -\mathbf{M}$ $\mathbf{A}\mathbf{M}\mathbf{b}\mathbf{R} = \mathbf{A}$	larrages athor ized Me mber		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AHBR	Eduardo Basulto Jr.	14185 Sw 87 5T #30 Miami, FC 33183	<u>′5</u> □ Add
		Miami, FL 33183	□ Remove
			Change
			Remove
			Change
			Add
		A S	□ Remove
		SECRETALI SHI	2 0
		ASSEE FLORIDA	Add
		E ORIO	Remove
			☐ Change
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e ctiv e date, if other than	the date of filing:		(option:	al)
effective date is listed, the date	e must be specific and canno	ot be prior to date of filing or mo he applicable statutory filing	re than 90 days after fili	ing.) Pursuant to 605.02
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re c ord specifi es a dela n e 90th day after the		but not an effective ti	ne, at 12:01 a.n	n. on the earlier
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		(gon)		
	Signature of a member	er or authorized representative of	of a member	
				ည်ကြောက်
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Page 3 of 3

Filing Fee: \$25.00