

# L15000077626

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BAGS FLOWERS PROPERTIES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

K. SALY  
DEC 21 2016

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BAGS FLOWERS PROPERTIES 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 05/01/2015 and assigned Florida document number L15000077626

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 end with the words "Limited Liability 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

**(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:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1549 NE 123RD STREET

Enter Florida street address

NORTH MIAMI

Florida 33161

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

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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          | ARRESEYGOR, MERCEDES D | 5057 SW 37 AVE<br>FT LAUDERDALE, FL 33312               | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | PACCHIONI, RUBEN G     | 5057 SW 37 AVE<br>FT LAUDERDALE, FL 33312               | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | PACCHIONI, GERMAN G    | 5057 SW 37 AVE<br>FT LAUDERDALE, FL 33312               | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | PACCHIONI, DIEGO G     | 5057 SW 37 AVE<br>FT LAUDERDALE, FL 33312               | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | PACCHIONI, CINTIA V    | 5057 SW 37 AVE<br>FT LAUDERDALE, FL 33312               | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | DIAZ, JAVIER           | 3111 N UNIVERSITY DR STE 105<br>CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 NOVEMBER 23RD 2016

  
Signature of a member or authorized representative of a member

JAVIER DIAZ

Typed or printed name of signer

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