

46000000 8821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

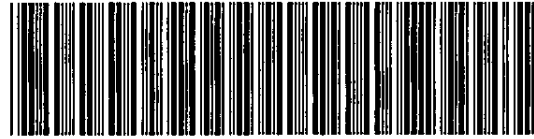
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279116056

03/14/16--01022--018 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR 14 PM 4:22

MAR 15 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: F&S FLOWERS DESIGN, 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:

SILVIA P ZAVALA

Name of Person

F&S FLOWERS DESIGN, LLC

Firm/Company

9936 MAJORCA PL

Address

BOCA RATON, FL 33434

City/State and Zip Code

FANDSFLOWERS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAR 14 PM 4:22

For further information concerning this matter, please call:

SILVIA P ZAVALA

754

213-3827

Name of Person

at ()

Area Code

Daytime Telephone Number

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

F&S FLOWERS DESIGN, LLC

Page 1 of 3

- 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 14 4:28 PM

16

FILED STATE
SECRETARY, FLORIDA
TALLAHASSEE
16 MAR 14 PM 4:22

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3/2, 2016

SILVIA P ZAVALA

Filing Fee: \$25.00