

**L16 000025239**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

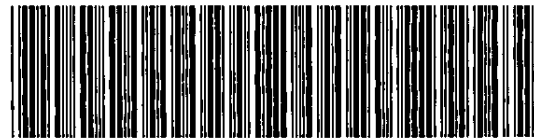
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2016 NOV 29 PM 4:32**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**K. SALY**

**DEC - 1 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOTAL FLOWERS INTERNATIONAL 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:

A. PESTANO  
Name of Person

PROFESSIONAL ACCTG  
Firm/Company

4612 N. HIATUS Rd  
Address

SUNRISE FL 33351  
City/State and Zip Code

INFO @ BSSN.USA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. PESTANO at (954) 578-0016  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
TO  
ARTICLES OF ORGANIZATION  
OF

TOTAL FLOWERS INTERNATIONAL  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2016 NOV 29 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/05/2016 and assigned  
Florida document number L16000025239.

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."

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)

c/o Prof. Acctg & Tax

4612 N. HIATUS RD

SUNRISE FL 33351

**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:

BUSINESS SERVICES & Support Network Corp

New Registered Office Address:

4612 N. HIATUS RD

Enter Florida street address

SUNRISE

City

Florida

33351

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

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>
AMBR	Lechler, MARK	6401 SW 87 Ave Suite 115	<input type="checkbox"/> Add
		MIAMI FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EGRED, Danilo	4612 N. HIATUS Rd	<input checked="" type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Reyes ARGUDO, Vinicio	4612 N. HIATUS Rd	<input checked="" type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 11-17, 2016

Mark Leckler  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MARK LECHLER

Typed or printed name of signee