

L16000036894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV - 2 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLOWERS & ART EVENT PLANNERS 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:

CRISITINA IBEN

Name of Person

CNA BOOKKEEPING SERVICES LLC

Firm/Company

1108 KANE CONCOURSE SUIT 2015-B

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

CNABOOKKEEPER@GMAIL.COM

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

For further information concerning this matter, please call:

CRISTINA IBEN

Name of Person

305
at ()
Area Code

866-7740
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FLOWERS & ART EVENT EVENT PLANNERS LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 02/22/2016 and assigned
Florida document number L16000036894.

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:

18800 NE 29TH AVE. APT. 913

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

18800 NE 29TH AVE. APT. 913

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

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:

CRISTINA IBEN

New Registered Office Address:

1108 KANE CONCOURSE SUITE 205-B

Enter Florida street address

BAY HARBOR ISLANDS

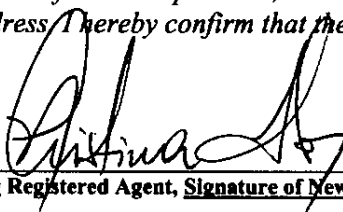
, Florida 33154

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

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>
MGR	LEONEL GADEA	9405 BAY HARBOR TER	<input type="checkbox"/> Add
		BAY HARBOR ISLANDS, FL 331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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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 OCTOBER 26TH, 2016

Signature of a member or authorized representative of a member

YENNY JIMENEZ MIRA

Typed or printed name of signee