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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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S. YOUNG

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Floras Cocktails Name of Lim	and Canvases, Lited Liability Company	<u> </u>	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	F	Pora Robertson Name of Person		
	Flora's	Cocktails and Car	nuases, LLC	
	307 Gardenia	St Nest Palm Beach	h, FL 33401	SELENT TO AUG
	Mest Palm info @ Cocktails E-mail address:	Beach, FL, 33 City/State and Zip Code and Canvases, Com to be used for future annual report notifi	Cation)	ASSI OF ENDS
For further information	concerning this matter, please ca	ali:		ယ် မွှ
Flora Name	Robertson	at (56) 818-6 Area Code Daytime	205 90Lo-Le V	νO
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 Stat Certified Copy (additional copy is end	

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

(Name of the Limited Liability Compa		records.)		
(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 14000099513.	were filed on May	23,2014 a	nd assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Floras Cocktails The new name must be distinguishable and contain the words "Limited Liabil	and Canvase		ion "LLC"	,,,
Enter new principal offices address, if applicable:	307 Garden	 .		···
(Principal office address MUST BE A STREET ADDRESS)	West Palm	Beach, FL,	33<	101
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	307 to Go West Palm	rdenia St. Beach, FL	, 334	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the n	ame of	the new
	_		P	TARC
Name of New Registered Agent:			<i>ယ္</i>	- 20
New Registered Office Address:	Enter Florida stre	at address		Parame Self
	Enter Florida Sire	EI UUUFESS		
Administrative Control of the Contro	City	, Florida 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			_ □ Add
			☐ Remove
		 	☐ Change
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	C
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing E: If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlie
Argust 2 , 2016	
Signature of a member or authorized represen	

Page 3 of 3

Filing Fee: \$25.00