L16000204584

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Decument Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.



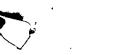


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

	ion Section f Corporations	
	ME FLOWERS LLC	
SUBJEÇT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	YOLY SABILLON	
	Name of Person	
	LA FLORIDA SERVICES LLC	
	Firm/Company	
	3831 W VINE ST STE 148	
	Address	77 + 1
	KISSIMMEE, FL 34741	17
	City/State and Zip Code	JAN 24
	yoly@lafloridaservices.com	# (5)
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	မှ ြ
YOLY SABILLO	N 407 978-6560 at ()	JAN 24 PH 3: 30
٨	Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	e of Status &

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

it now appears on our recor	<u>'ds.</u>)
e filed on 11/07/2016	and assigned
company here:	
ompany," the designation "LL	C" or the abbreviation "L.L.C."
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address on our record	is, enter the name of the nev
Enter Florida street addre	ess
, F	Tlorida
City	Zip Code
-	address on our record

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>	Name	Address	Type of Action
OWNER	AUROMELISSA TORRES	2402 Ming Ct Kissimmee Fl 34744	⊟ Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
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			Remove STA
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	fies a delayed effective after the record is filed		effective time, at 12	2:01 a.m. on the earlie
i	JANUARY 18TH	, 2017		
	1 /			

Page 3 of 3

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L16000204584 FILED 8:00 AM November 07, 2016 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: GIFTME FLOWERS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3831 W VINE ST KISSIMMEE, FL. 34741

The mailing address of the Limited Liability Company is:

2402 MING CT KISSIMMEE, FL. 34744

Article III

Other provisions, if any: FLOWER AND GIFT SHOP

Article IV

The name and Florida street address of the registered agent is:

AUROMELISSA TORRES 2402 MING CT KISSIMMEE, FL. 34744

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: AUROMELISSA TORRES

Article V

The effective date for this Limited Liability Company shall be:

11/07/2016

Signature of member or an authorized representative

Electronic Signature: AUROMELISSA TORRES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FALLAHAUSEELFLÖGIC



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company GIFTME FLOWERS LLC

Filing Information

Document Number

L16000204584

FEI/EIN Number

NONE

Date Filed

11/07/2016

Effective Date

11/07/2016

State

FL

Status

ACTIVE

Principal Address

3831 W VINE ST

KISSIMMEE, FL 34741

Mailing Address

2402 MING CT

KISSIMMEE, FL 34744

Registered Agent Name & Address

TORRES, AUROMELISSA

2402 MING CT

KISSIMMEE, FL 34744

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

11/07/2016 - Florida Limited Liability

View image in PDF format

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Florida Dynastment of State, Division or Corporations