## 117000003377

(Req	uestor's Name)	
(Add)	ress)	
· · · · · · · · · · · · · · · · · · ·		
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
		·
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	

Office Use Only



100299057411

05/17/17--01019--027 \*\*30.00

2017 HAY 30 PH 1: 21
SECRETARY OF STATE
TALL AHASSEE FLORIDA

J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FLOWERS CONSULTING, 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:
SONIA FLOWERS Name of Person
FLOWERS CONSULTING LLC Firm/Company
17435 NW 17 AVE. Address
MIANI GARDENS, FL 33056. City/State and Zip Code
50 nia flowers @ yahoo, com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SONIA FLOWERS at 305 300-0127  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee \$255.00 Filing

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



\_

May 18, 2017

SONIA FLOWERS 17435 NW 17 AVE MIAMI GARDENS, FL 33056

SUBJECT: FLOWERS CONSULTINIG, LLC

Ref. Number: L17000003377

We have received your document for FLOWERS CONSULTINIG, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

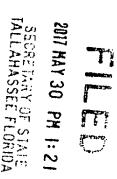
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00010012



TALL SING PH 5: 80

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. **OF**

HLOWERS CONSU	LTINIG, LI	LC
<u>FLOWERS</u> <u>COMSU</u> (Name of the Limited Liability Compa (A Florida Limited)	nny a <u>s it now appears on</u> Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/7000033</u> 77		04/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  FLOWERS CONSULTINGS  The new name must be distinguishable and contain the words "Limited Liabileters".	LLC, lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	MIANI (	183 street suite 101 GARDENS, FL 33169
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treat riddress
	Emer Moriau's	
-	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	Esp Coue
I have by account the approintment as varietized agent and age		with I further agree to samply 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>	<u> </u>	Add
		A - ( )	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
		·	Change
		_,	Add
			☐ Remove
			□ Change
	<del></del>		A SANCE
			A Remove
		<del></del>	The Charge
<del></del>		****	MAYOVE REPROPERTY OF THE PROPERTY OF THE PROPE
			☐ Remove
			Change

in amending any o		nge(s) here: (Attach additiona	u sneets, y necessau	· <b>y</b> -y	
<u></u>					
		<b>\</b>			
		1			
		A			
<del> </del>	· · · · · · · · · · · · · · · · · · ·				
	<del></del>				
<del></del>					
	<del> </del>				
If an effective date is lis Note: If the date ins document's effective	crted in this block does not mee date on the Department of Stat	annot be prior to date of filing or more et the applicable statutory filing rete's records.	equirements, this date	g.) Pursuant to 605 e will not be liste	ed as th
	is a delayed effective date.	te, but not an effective tim	e, at 12.01 a.m.	on the earne	ei Oi,
Dated <u>May</u>	26,2017.	mber or authorized representative of			
5	Onia Flore	115 0 S	a memoer	CLAHA!	
<del></del>	Ty	yped or printed name of signee		30 PM	
		Page 3 of 3		55	Brann.

Filing Fee: \$25.00