

L17000018178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

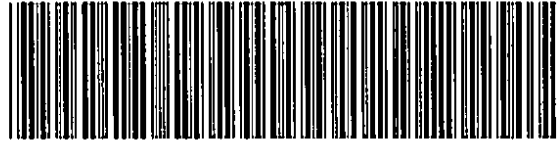
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17 JUL 31 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

AUG 3 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INTERNATIONAL Flower Group, 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:

Er

Name of Person

INTERNATIONAL Flower Group, LLC.

Firm/Company

12752 SW 91 ST

Address

Miami, FL 33186

City/State and Zip Code

WILMA DIAZ1@HOTMAIL.COM

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

For further information concerning this matter, please call:

WILMA DIAZ

Name of Person

at (305)

Area Code

401-2791

Daytime Telephone Number

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 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

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JUL 31 AM 10:20
TALLAHASSEE, FL

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

INTERNATIONAL FLOWER GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/23/2017 and assigned Florida document number L17000018.178

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 "LLC."

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)

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JUL 31 AM 10:20
STATE OF FLORIDA
TALLAHASSEE

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:

ERIKA GARCIA

New Registered Office Address:

12752 SW 91 ST

Enter Florida street address

Miami

FL

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.

Erika Garcia
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	WILFREDO DIAZ	12752 SW 91 ST MIAMI FL	<input type="checkbox"/> Add
		33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERIKA GARCIA	12752 SW 91 ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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ADMINISTRATIVE

E. Effective date, if other than the date of filing: 7/28/2017 (optional)

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

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

WILFRED DIER
Typed or printed name of signer

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ST. LOUIS, MO.
U.S. DEPT. OF JUSTICE