

L17000123577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

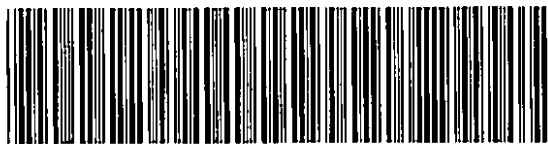
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER

AUG 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI FLOWERS AND GIFTS, 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:

EILEEN SOSA

Name of Person

MIAMI FLOWERS AND GIFTS, LLC

Firm/Company

5055 NW 74 AVE, UNIT # 9

Address

MIAMI, FL 33166

City/State and Zip Code

eileensosa25@gmail.com

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

For further information concerning this matter, please call:

EILEEN SOSA

954 470-8791
at ()

Name of Person

Area Code

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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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>
VICE	MARIA VICTORIA ARIAS	5055 NW 74 AVE. UNIT #9	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA VICTORIA ARIAS	5055 NW 74 AVE. UNIT #9	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	EILEEN SOSA	5055 NW 74 AVE. UNIT #9	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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 AUGUST 10, 2018

Signature of a member or authorized representative of a member

EILEEN SOSA - MANAGER

Typed or printed name of signee