

L17000132948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

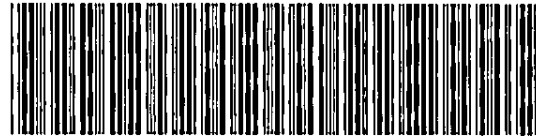
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

per conversation 10/17/18
w/Mr. Leo Ching LLC name.
KSP

Office Use Only



700318231677

03/10/18--01028--004 **25.00

FILED

2018 OCT 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FL

Oct 17
G. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2018

MELBELY J LEO
FLOWERED & COMPANY MIAMI, LLC
20533 BISCAYNE BLVD., SUITE 4-154
AVENTURA, FL 33180

SUBJECT: FLOWERED & COMPANY MIAMI, LLC
Ref. Number: L17000132948

We have received your document for FLOWERED & COMPANY MIAMI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 518A00019251

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FLOWERED & COMPANY MIAMI, 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:

MELBELY J LEO

Name of Person

FLOWERED & COMPANY MIAMI, LLC

Firm/Company

20533 BISCAYNE BLVD SUITE 4-154

Address

AVENTURA, FL 33180

City/State and Zip Code

JULISSA@FLOWERED.US

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

For further information concerning this matter, please call:

MELBELY J LEO

Name of Person

at (954) 593-6749

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FLOWERED & COMPANY Miami, 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 06/19/2017 and assigned
Florida document number L17000132948.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLOWERED & COMPANY, LLC.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

20533 BISCAYNE BLVD, SUITE 4-154

Enter Florida street address

AVENTURA

City

Florida

33180-1529

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:

20533 BISCAYNE BLVD, SUITE 4-154
AVENTURA, FL 33180-1529

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEO, MELBELY J	20533 BISCAYNE BLVD, SUITE 4-154 AVENTURA, FL 33180-1529	<input checked="" type="checkbox"/> Add
		3300 NE 192ND STREET #1909 AVENTURA, FL, 33180-1529	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEO, ALBERTO	20533 BISCAYNE BLVD, SUITE 4-154 AVENTURA, FL 33180-1529	<input checked="" type="checkbox"/> Add
		3300 NE 192ND STREET #1909 AVENTURA, FL, 33180-1529	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 5, 2018

SEPTEMBER

Signature of a member or authorized representative of a member

MELBELY J LEO

مدرسہ اسلامیہ

Typed or printed name of signee

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2018 OCT 17 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FL