

LIB000204540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

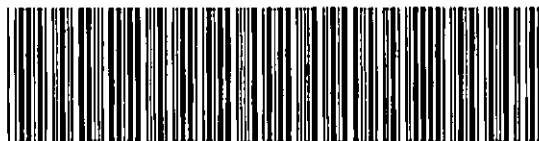
(Business Entity Name)

(Document Number)

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OCT - 3 P 4: 14
FALLON, CALIFORNIA

10/3/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2018

LAURIMEL RUIZ
4351 NW 50TH DR APT 102
GAINESVILLE, FL 32606

SUBJECT: HOUSE OF FLOWERS BY L & J, LLC
Ref. Number: L18000204540

We have received your document for HOUSE OF FLOWERS BY L & J, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 218A00019768

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FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hause of Flowers by L & J
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:

Laurimel Ruiz
Name of Person

4351 NW 50th Dr. Apt. 102
Firm/Company
Address

Gainesville, FL 32606
City/State and Zip Code

hofbyLJ@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurimel Ruiz at (786) 236-5033
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

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

House of Flowers by L & J

(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 8/27/18 and assigned Florida document number L18000204540.

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 "L.L.C." or the abbreviation "L.L.C."

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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>
MGR	Jairo M. Flores	4351 NW 50 th Dr. Apt 102	<input type="checkbox"/> Add
		Gainesville, FL 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AM	Laurimel Ruiz	4351 NW 50 th Dr. Apt 102	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
APR 10 2015
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

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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 10/October 2018

Laurimel Ruiz
Signature of a member or authorized representative
Laurimel Ruiz

Page 3 of 3

Filing Fee: \$25.00