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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		OOMS INTERIOR LANDSC	APING. LLC	
SOBJEC	,1; <u></u>	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		CARLOS VALDERRAM	A	2018 0
			Name of Person	
		MIAMI BLOOMS INTER	RIOR LANDSCAPING, LLC	
			Firm/Company	>
		13611 S DIXIE HWY 109	2-317	بب ه
			Address	·
		MIAMI, FL 33176		
			City/State and Zip Code	
		CARVAL009@HOTMAIL	COM	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
CARLO	S VALDERRAM	MA	305 253-5590 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
	00 Filing Fee	S30.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ag (A Florida Limited Liability Compa	opears on our records.) my)	
The Articles of Organization for this Limited I lorida document number 118000260699	Liability Company were filed or	11/06/2018	and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbi	~
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	; 	
		7	رَ
nter new mailing address, if applicable:			<u>.</u>
<u> Mailing address MAY BE A POST OFFICE</u>	(BOX)	<u></u>	۵
. If amending the registered agent and egistered agent and/or the new registered of		s on our records, <u>enter t</u>	ne name of the
Name of New Registered Agent:	CARLOS VALDERRAMA		
New Registered Office Address:	13611 S DIXIE HWY 109-31	17	
	Enter	Florida street address	
	MIAMI	Florida 3317	76
	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

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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>	Address	Type of Action
AMBR	NYDIA VALDERRAMA	13611 S DIXIE HWY 109-317 MIAMI, FL 33176	Add
			■ Remove
			Change
MGR	CARLOS VALDERRAMA	13611 S DIXIE HWY 109-317 MIAMI, FL 33176	■ Add
			☐ Remove
			☐ Change
			→ CD Add 1
			Remove → → □ Remove → □/Change
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		···	
Effective date, if other than the c	late of filing		(ontional)
Effective date, if other than the c It an effective date is listed, the date must <u>Note:</u> If the date inserted in this block	be specific and cannot be prior to d ck does not meet the applicable	ate of filing or more than 90 da statutory filing requiremen	ys after filing.) Pursuant to 605. its, this date will not be liste
document's effective date on the De	partment of State's records.		
he record specifies a delayed	effective date, but not a	n effective time, at 12	::01 a.m. on the earlie
The 90th day after the reco			
DatedDECEMBER 7TH	2018		
		\sim	i 01

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Typed or printed name of signee

Filing Fee: \$25.00