

Florida Department of State
 Division of Corporations
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Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 DALILA'S FLOWERS GIFT OF GOD, INC.**

Certificate of Status	0
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Page Count	04
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 10 OCT 20 AM 9:00

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*Amend 410
 10/20/2010
 TL*

Florida Department of State
Division of Corporations

850-617-6381

10/21/2010 10:53:15 AM PAGE 1/001 Fax Server



October 21, 2010

FLORIDA DEPARTMENT OF STATE

DALILA'S FLOWERS GIFT OF GOD, INC.
10719 W FLAGLER ST
MIAMI, FL 33174

SUBJECT: DALILA'S FLOWERS GIFT OF GOD, INC.
REF: P07000035593

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: E10000229773
Letter Number: 310A00024900

RECEIVED
10 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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Articles of Amendment
to
Articles of Incorporation
of

DALILA'S FLOWERS GIFT OF GOD, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000035593

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
VP	FATIMA LUNIELA	10719 W FLAGLER ST	<input type="checkbox"/> Add
	GONZALEZ MANZANARES	MIAMI, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary): (Be specific)

H10000229773

H10000229773

10/20/10

The date of each amendment(s) adoption:

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

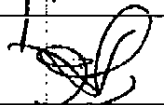
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

10/20/10

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

HECTOR IVAN YUSTI MORALES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Page 3 of 3

H10000229773