

PO7000074953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

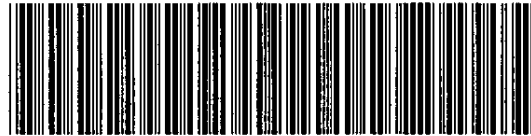
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
07 OCT 26 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C. Gouffette OCT 29 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cora's Flowers Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 7000074953

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA CORA WOLLMANN
(Name of Contact Person)

(Firm/Company)

180 N.W. 89 St.
(Address)

Miami FL 33150
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Cora Wollmann at (305) 757-8871
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2007

MARIA CORA WOLLMANN
180 N.W. 89 ST
MIAMI, FL 33150

SUBJECT: CORA'S FLOWERS INC.
Ref. Number: P07000074953

RECEIVED
2007 OCT 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CORA'S FLOWERS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 207A00055213

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CORA'S Flowers INC

DOCUMENT NUMBER: PO 70000 74 953

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA CORA Wollmann
(Name of Contact Person)

CORA'S Flowers INC
(Firm/ Company)

180 N.W. 89th St.
(Address)

MIAMI Fla 33150
(City/ State and Zip Code)

For further information concerning this matter, please call:

MARIA CORA Wollmann at (305) 757-8871 / cell: 305 299 458
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

CORA'S Flowers INC.

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

PO 70000 74953

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

I will like to be myself
only as the registered Agent/owner.
and removed my daughter
Maria Carolyn Wollmann
as the only one in the business
so it should be:

Agent/owner:

MARIA CORA Wollmann
180 NW 89th ST, Miami, FL 33150

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 10/23/07

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature

Maria Cora Wollmann


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

MARIA CORA WOLLMANN

(Typed or printed name of person signing)

President, Agent/owner of Cora's Flowers
(Title of person signing)

FILING FEE: \$35

P.S.  Remember I was told by you I don't need to pay again.
Thank you.