

P08000019870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

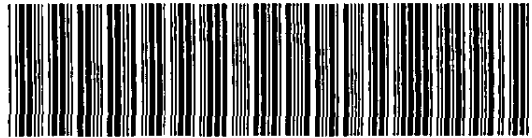
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/24/11--01004--012 \*\*25.00

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11 SEP 19 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Amend  
Tlew's  
9-19-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Elle's Flower Party Rental

**DOCUMENT NUMBER:** P0800019870

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

Please return all correspondence concerning this matter to the following:

Rafael J. Hatta

Name of Contact Person

Elle's Flower Party Rental

Firm/ Company

48420 SW 154 CIR CT 520

Address

Miami FL - 33193

City/ State and Zip Code

BOLO-Hatta@hotmail.com

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

For further information concerning this matter, please call:

Rafael J. Hatta at (786) 370-2767

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2011

RAFAEL J. HATTA  
ELLE'S FLOWER PARTY RENTAL  
8420 SW 154 CIR CT #520  
MIAMI, FL 33193

SUBJECT: ELLE'S FLOWER PARTY RENTAL, INC  
Ref. Number: P08000019870

We have received your document for ELLE'S FLOWER PARTY RENTAL, 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):

In order to process your Articles of Amendment you must complete page 3 of 3.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 311A00020973

RECEIVED  
11 SEP 19 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2011

RAFAEL J. HATTA  
ELLE'S FLOWER PARTY RENTAL  
8420 SW 154 CIR CT #520  
MIAMI, FL 33193

SUBJECT: ELLE'S FLOWER PARTY RENTAL, INC  
Ref. Number: P08000019870

We have received your document for ELLE'S FLOWER PARTY RENTAL, INC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

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

There is a balance due of \$10.00.

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) 245-6097.

Jeraline Saulsberry  
Regulatory Specialist II

Letter Number: 111A00019913

Articles of Amendment  
to  
Articles of Incorporation

Elle's Flower Party Rental, Inc

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

P08000019870

(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:

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

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**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:

RAFAEL J. HATTA

New Registered Office Address:

8420-SW 154 CIRC 520

(Florida street address)

Miami

(City)

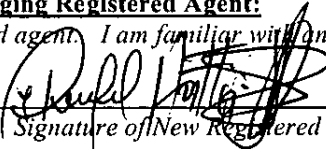
Florida

(Zip Code)

33193

**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)

FILED  
11 SEP 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Rafael J. Atta	8420 SW 154th	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Glenia Niebles	MIAMI FL 33143 12064 SW 125th	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Wilma Niebles	MIAMI FL 33186 12064 SW 125th	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an 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)

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The date of each amendment(s) adoption: 8-19-2011

Effective date if applicable: 8-19-2011  
(date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated 9-15-2011

Signature

[Signature]  
(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)

RAFAEL J. HATTA

(Typed or printed name of person signing)

President

(Title of person signing)