

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FLOWERS & LINENS EMPORIUM, INC.

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Electronic Filing Menu Corporate Filing Menu

Help

TO: Amendment Section

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COVER LETTER

Division of Corpor	ations			
NAME OF CORPORA	() 10 	& LINENS EMP	PORIUM, INC.	
DOCUMENT NUMBE	r. P9700009301	6		
	Amendment and fee are st			
Please return all corresp	ondence concerning this ma	itter to the following:		
Ι	DAGOIL GARCIA	4		
<u> </u>	LOWERS & LIN	Name of Contact Perso IENS EMPORIU	•	
	3590 Coral Way	Firm/ Company , Sulte 102		
יו	Miami, Florida 33	Address		
_		City/ State and Zip Cod	e	
lloga	id@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:	•	
DAGOIL GAR	CIA	786	、521 7975	
Name of	Contact Person		ds & Daytime Telephone Number	_
Enclosed is a check for the	he following amount made p	payable to the Florida Depa	riment of State:	
S35 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)	
Amend Divisio P.O. Be	g Address ment Section on of Corporations ox 6327 issee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Bullding kecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FLOWERS & LINENS E	MPORIUM, INC.		_
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	_
P97000093016			_
(Docume)	nt Number of Corporation (if	known)	_
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
	iation "Corp," "Inc," or "C	," "company," or "incorporated" or the Co". A professional corporation name mus P.A."	
B. Enter new principal office address. (Principal office address MUST BE A.S.	if applicable: TREET ADDRESS)		_
			_ _
C. Enter new mailing address, if anni (Malling address MAY BE A POST			
			00
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address:	ess in Florida, enter the name of the	16. 66 H 6: 34
Name of New Registered Agent	DAGOIL GARCIA	4	9. 34
	(Florida stree	st address)	
New Registered Office Address:	3590 Coral Way, Su	ite 102, Miami Plorida 33145	
THE AND PRICE STATES AND SHE	(City)	(Zip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanelng Registered Agent: ered apent. I am familiar wi	ith and accept the obligations of the position	
Sig	gnature of New Registered Ag	gent, if changing	

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V= Vice Executive Officer; CFO sheld. President, Treasures Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, Example:	and/or D if necess ector title President = Chief I r, Directo In the foil ves the co , and Sale	irector beary) be by the five T= Tree rinancial or would it llowing morporation by Smith, and	eing added: irst letter of the office title: asurer; S— Secretary; D= Director; TR= Officer. If an officer/director holds more be PTD. anner. Currently John Doe is listed as the n, Sally Smith is named the V and S. These SV as an Add.	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do		
X Ramove	<u>v</u>	<u>Mike Jo</u>	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	•
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	S,T,E	2	DAVID SALVADOR GARCIA	1650 SW 16 Avenue,
X Add				Naples, Florida 34117
Remove	D D		DACOU CAROLA	0.000 0 100 0 10 400
2) Change	<u>P, D</u>	-	DAGOIL GARCIA	3590 Coral Way, Suite 102
X Add				Miami, Florida 33145
3) Change	P,\$,T,0	-	MIRTA L. QUIRANTES	671 Nightingale Avenue
Add X Remove				Miami Springs, Florida 33168
4) Change		_		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		٠.		
Add				
Remove				,

Attach additional sheets, if necessary).	icles, cuter change(s) liere: (Be specific)
	,
If an amendment provides for an exclusions for implementing the area	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
binations to implementing the unic	mament it not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment	OCTOBER 1, 2012
	OCTOBER 1, 2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	te approved by the shareholders through voting groups. The following statement sed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
_{D-1-1} 10-	01-2012
Signature	April 1
	By a director, president or other officer - if directors or officers have not been
36	elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	DAGOIL GARCIA
	(Typed or printed name of person signing)
	President, Director
	(Title of person signing)