407000114524

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
. PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



400137617764

11/05/08--01029--007 **43.75



S. HAWKES

NOV 2 0 2008

EXAMINER



November 10, 2008

ANTONIO DIAZ 4595 PALM BEACH BLVD 3 FORT MYERS, FL 33905

SUBJECT: BOTANICA DE LA LUZ LLC

Ref. Number: L07000114524

We have received your document for BOTANICA DE LA LUZ LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6955.

Letter Number: 108A00056742

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>BC</u>	TANICA [DE LA LUZ LLC		
DOCUMENT NUMBER: LO70	0001145	24	_	
The enclosed Articles of Amendmen	and fee are	submitted for filing.		
Please return all correspondence cond	cerning this n	natter to the following:		
		ONIO DIAZ		
	(Name of C	Contact Person)		
BOTANICA DE LA LUZ LLC				
(Firm/ Company)				
		BEACH BLVD #3		
	(Ac	idress)		
		RS, FLORIDA 33905		
For further information concerning the	•	and Zip Code) ease call:		
ANTONIO DIAZ		at (239) 440-92	229	
(Name of Contact Person)				
Enclosed is a check for the following	amount mad	e payable to the Florida D	Department of State:	
\$35 Filing Fee \$43.75 Filing Fee Certificate of S		\$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 ORGANIZATION OF

Name of the Limited Liability Company as it now appears on the records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	and ssigned	
Florida document number <u>Lo7boo/1452</u>	 .	100	
This amendment is submitted to amend the following:		9	
A. If amending name, enter the new name of the li Bolanica DE La Luz a The new name must be distinguishable and end with the w	LO PETSHOP LLC.	33 m "LLC" or the abbreviation	
"L.L.C." Enter new principal offices address, if applicable:	· .		
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	•	er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida	(Zip Code)	
	(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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			A SAdd
			Remove
			19 Add
			Remove P
	ý.		
			Add Remove
			· · · · · · · · · · · · · · · · · · ·
			- D
		_	
			Remove
			Add
			=
D. If amen	ding any other information, enter	change(s) here: (Attach additional shee	ets, if necessary.)
_			···
Dated	,	·	
,	Signature of	tember or authorized representative of a me	omher
	Signature of the	ation of Diaz	AHOCI
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00