

L07000114524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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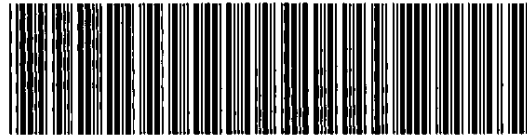
(Business Entity Name)

(Document Number)

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S. HAWKES

AUG 24 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOTANICA DE LA LUZ AND PET SHOP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO DIAZ

Name of Person

Firm/Company

19 NE 9 AVE

Address

CAPE CORAL FLORIDA 33909

City/State and Zip Code

BOTANICADELALUZ@HOTMAIL.COM

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

For further information concerning this matter, please call:

ANTONIO DIAZ

Name of Person

at (**239**)

440-9229

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOTANICA DE LA LUZ AND PET SHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2007 and assigned
Florida document number LO7000114524.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5240 BANK STREET SUIT 14
FORT MYERS FLORIDA 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAM LOPEZ

New Registered Office Address:

13131 SW 23 STREET

Enter Florida street address

MIAMI

Florida

33027

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRE</u>	<u>ANTONIO DIAZ</u>	<u>19 NE 9 AVE</u> <u>CAPE CORAL FLORIDA 33909</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SEC</u>	<u>ANTONIO DIAZ</u>	<u>19 NE 9 AVE</u> <u>CAPE CORAL FLORIDA 33909</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRE</u>	<u>DAM LOPEZ</u>	<u>13131 SW 23 STREET</u> <u>MIAMI FLORIDA 33027</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>NIDIA MESA</u>	<u></u> <u></u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SEC</u>	<u>NIDIA MESA</u>	<u></u> <u></u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>RA</u>	<u>ANTONIO DIAZ</u>	<u>19 NE 9 AVE</u> <u>CAPE CORAL</u> <u>FLORIDA 33909</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WILL BE AMENDING FEI/EIN 261396883

PLUS TAX ID #

Dated SEPTEMBER 1 2010


Signature of a member or authorized representative of a member

ANTONIO DIAZ

Typed or printed name of signee