



**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**

FILED  
10 AUG 23 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

FILED  
 AUG 23 PM 12:05  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE

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

WILL BE AMENDING FE/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