

#L 11000036254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600202966996

04/22/11--01017--026 \$*25.00

FILED
11 JUN 20 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 21 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2011

B.A.C. BOTANICA & MULTY - SERVICES LLC
CAROLE MATTHEWS
2391 W. CHURCH ST.
ORLANDO, FL 32805

SUBJECT: B.A.C. BOTANICA & MULTY - SERVICES LLC
Ref. Number: L11000036254

We have received your document for B.A.C. BOTANICA & MULTY - SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 211A00009945

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAC Botanicals Multi-Services
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:

Carole Matthews
Name of Person

B.A.C. Botanicals Multi-Services
Firm/Company

2391 W Church St
Address

Orlando, FL 32805
City/State and Zip Code

bacbotanicals@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carole Matthews at (407) 914-4106
Name of Person 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

FILED

11 JUN 20 PM 4: 25

B.A.C. Botanical & Mtlty - Services
(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 3/25/11 and assigned
Florida document number L11000036254

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Carole Matthews
1712 Lake Lorine Dr
Orlando, FL 32808

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:

New Registered Office Address:

Enter Florida street address

, Florida

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>
MGRM	Carole Matthews	6620 Suyear Ct Orl, FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gaymanuelle Terry	48 N Lancelot Ave Orl, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jenese Innocent	6620 Suyear Ct Orl, FL 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sermaine Blackwood	4837 Carter St. Orl, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 5-10-2011

Carole Matthews
Signature of a member or authorized representative of a member
Carole Matthews
Typed or printed name of signee