#L 11000059956

(Requestor's Name)	
(Address)	
(Address)	
, ,	
(City/State/Zip/Phone #)	
(City/State/Zip/Friorie #)	
PICK-UP WAIT	MAIL
	, , , , , , , , , , , , , , , , , , ,
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıc
Octahod copies	
Special Instructions to Filing Officer:	j
]
•	
•	į
·	ļ

Office Use Only



600248407166

06/03/13--01009--030 **43.75

IS JUL - I PH 3: 14
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER JUL - 2 2013



June 14, 2013

BRENDA'S TROPICAL PLANTS LLC BRENDA CHANG 22088 PALMS WAY #104 BOCA RATON, FL 33433

SUBJECT: BRENDA'S TROPICAL PLANTS LLC

Ref. Number: L11000059956

We have received your document for BRENDA'S TROPICAL PLANTS 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 113A00014990

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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

Please return all correspondence concerning this matter to the following:

BRENDA CHANG-
Name of Person
BRENDAIS TROPICAL PLANTS, LLC
Firm/Company
22088 PALMS WAY #104
Address
BOCA RATION, FL 33433
brendas tropical plants @ gmail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (56/) 96/ 0526 Area Code & Daytime Telephone Number Name of Person

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

12	FILED	
SEONE:	~1 ·	Ç
TALLAHA	SSEE, FLORIDA	,
rds.)	- " LORIDA	

BRGNBAIS TROPICAL (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) 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)

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:	Fratau El	orida street address
	Emer rio	. 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

1. 4 4. 4

Title	<u>Name</u>	Address 1063 Topological Laboratorial	Type of Action
MGR	NATASHA SIMONS	1092 Imperial Lake alest Pren Beres, Fr 33413	Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	-
			Add
			Remove
			_ □
			Add
			Remove
			- Add
			Remove
-			Add
			Remove
			_
			Add
	·		Remove
		•	

If amendin	ng any other information, enter char	nge(s) here: (Attach additional sheets, if	necessary.)
			
		,	
ed	,	 •	
	Scenda do	er or authorized representative of a member	
_	Signature of a memb	er or authorized representative of a member	
	BRENDA	CHANG	
	Type	ed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00