## L12000159559

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phone#	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
i		
·		

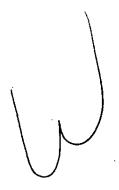
Office Use Only



000247172580

05/02/13--01035--011 \*\*35.00

BI3 JUL -2 AH 7: |4 BECRETARY OF STATE ALLAHASSEE, FLORIO



JUL - 3 2013 J. BRYAN

## **COVER LETTER**

TO: Regist

Registration Section
Division of Corporations

OSHUN BOTANICA 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:

MARIA DEL PILAR VEGA

Name of Person

OSHUN BOTANICA LLC

Firm/Company

449 NE AIROSO BLVD

Address

PORT ST LUCIE, FL 34983

City/State and Zip Code

MPILAR323@YAHOO.COM

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

For further information concerning this matter, please call:

M. PILAR VEGA

772 940-3843

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



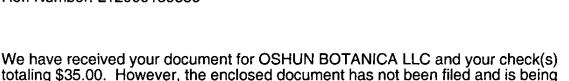
May 3, 2013

MARIA DEL PILAR VEGA OSHUN BOANICA LLC 101 N US HWY 1 STE 127 FORT PIERCE, FL 34950

SUBJECT: OSHUN BOTANICA LLC

returned for the following correction(s):

Ref. Number: L12000159559



You completed the wrong form

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 913A00010804

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLED WITH

## OSHUN BOTANIALLC

(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 12/21/2012	and assigned
Florida document number <u>L12000159559</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	449 NE AIROSO BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST LUCIE, FL 34983	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	, 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>	Address	ype of Action
MGR	LORENZO JIMENEZ	101 N US HWY 1, STE 129	Add
		FORT PIERCE, FL 34950	Remove
			-
		TA SE	Add
		ئ ? ?	Remova
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Kemove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  ADDRESS FOR MGRM MARIA DEL PILAR VEGA:	
449 NE AIROSO BLVD	
PORT ST LUCIE, FL 34983	
Dated JUNE 27 2013	THE THE
Signature of a member or authorized representative of a member  MARIA DEL PILAR VEGA	を見る
Typed or printed name of signee  Page 3 of 3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Filing Fee: \$25.00	0