

L13000104104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

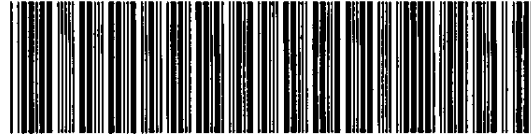
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300270190063

03/05/15--01023--014 **30.00

FILED
15 MAR -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2015

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BotaniCS Design Group 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:

Michael Brandon Duke

Name of Person

BotaniCS Design Group, LLC

Firm/Company

3027 Via San Marco Ct

Address

Fort Myers, FL 33905

City/State and Zip Code

Brandon@juniperlandscaping.com

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

For further information concerning this matter, please call:

Brandon Duke

at 239 561-5980

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

Botanics Design Group LLC

The Articles of Organization for this Limited Liability Company were filed on 07/23/2013 and assigned to the 07/23/2013 filing date.

Page 1 of 3

FILED
MAR -5 PM 1:57
CLERK OF COURT
JACKSONVILLE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

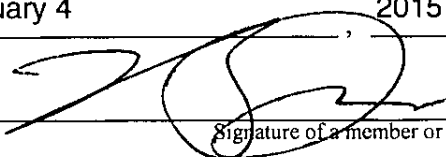
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Melzer	2100 Burton Ave	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
MGR	Joseph H Kelley	3805 Hanover St	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.)*

E. Effective date, if other than the date of filing: 02/04/2015 **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 4, 2015



Signature of a member or authorized representative of a member

Michael Brandon Duke

Typed or printed name of signee