L13000105864

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
Offic	ce Use Only



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SECRETARY OF STATE

SECRET

OCT _ 3 2014 **T. HAMPTON**

COVER LETTER

TO: Registration Section
Division of Corporations

soeur MARIE LA REVELATION BOTANICA

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:

MARIE E DARELUS	
Name of Person	
Firm/Company	
1155 NE 144 STREET	
Address	
NORTH MIAMI, FL 33161	
City/State and Zip Code	
mariedarelus@yahoo.com	

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

For further information concerning this matter, please call:

V	1/	١R	IE	E	DA	RE	LU	S

{.,/}305\940-5411

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



September 22, 2014

MARIE E DARELUS 1155 NE 144 ST N MIAMI, FL 33161

SUBJECT: SOEUR MARIE LA REVELATION BOTANICA, LLC

Ref. Number: L13000105864

We have received your document for SOEUR MARIE LA REVELATION BOTANICA, 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):

If you are changing the registered agent, you must list the new registered agent in section B on the amendment and they must sign below.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 214A00020252

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOEUR MARIE LA REVELATION BOTANICA

(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 L	iability Company were filed on 07/05/20	and assigned
Florida document number L13000105864	1	
This amendment is submitted to amend the foll		
A. If amending name, enter the new name o	f the limited liability company here:	
N/A		
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation	"LLC" or the antiquiation "L.L.C."
Enter new principal offices address, if applic	able: N/A	THE CO
(Principal office address MUST BE A STREE	T ADDRESS)	35 N
		EQ P
		F1.0
Enter new mailing address, if applicable:	N/A	ORIE OR
(Mailing address MAY BE A POST OFFICE	BOX)	ν
B. If amending the registered agent and/ registered agent and/or the new registered of		
Name of New Registered Agent:	MARIE ELSA 1	ARELUS
New Registered Office Address:	MA 1111 NE 144 ST Enter Florida street ac	idress
	N. MIA	, Florida <u>33 6 </u>
New Registered Agent's Signature if changing I	City	Zip Code

New Registered Agent's Signature, it 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 605, 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.

IT Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	<u>Address</u>	Type of Action
RA	Maryse Teda	28 NE 164 STREET	□ Add
		North Miami FL 33162	■ Remove
MGR	Eranest Menard	1155 NE 144 street	Add
		North Miami fl 33162	■ Remove
MGRM	Maylander Menard	1155 NE 144 Street	Add
		North Miami fl 33162	■ Remove
AM	Nelson Menard	1155 NE 144 Street	
		North Miami fl 33162	■ Remove
Supervisor	Martin Menard	1155 NE 144 Street	Add
		North Miami fl 33162	■ Remove
		PA TO A TO	SEPRETANAME SEPRETANAME
		1	PHOP Remove U
			2 m

MARYSE	TENA IS NO LONGER REGISTERED AGEN
FOR SOEL	TEDA IS NO LONGER REGISTERED AGEN OR MARIE LA REVELATION BOTANICA.
e date, if other	than the date of filing: (optional)
tive date must be s	pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
tive date must be s this document is fil	pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)
tive date must be s this document is fil	pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)
tive date must be s	pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
AND ANASSEE, FLORID