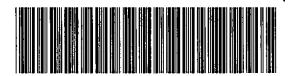
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T. HAMPTON

COVER LETTER

	gistration Sec vision of Cor			
SUBJECT:	Botanica	- Oni Shango		
50202011		**************************************	Name of Limited Liab	ility Company
Dear Sir or I	Madam:			
The enclosed	d Statement o	of Correction and fee(s)	are submitted for filing	g.
Please return	all correspo	ondence concerning this	matter to the following	; :
Karla Lar	a			
		Name of Person		-
		Firm/Company		-
1870 Pro	vidence E	Blvd. Suite C		
		Address		-
Deltona,	32725			
	C	ty/State and Zip Code		-
escobar.l	karla@yal	hoo.com		
E-mail	address: (to	be used for future annua	al report notification)	-
For further i	nformation c	concerning this matter, p	lease call:	
Karla Lar	a		760 at (679-4684
	Name o	of Person	Area Code	Daytime Telephone Number
STREET/C Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ding tive Center C	lircle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is	a check for	the following amount:		1
□ \$25 Filin	g Fee 🖸	\$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (2)/1 <i>4</i>)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRS7	RST: The name of the limited liability company is: Botanica - Oni Shango					
SECO THIR		The Florida Document number of the limited liability company is: L14000123500 Document to be corrected is: Registered Agent & Title MGR Acticles of organization	corrected is:			
M	Contai correc I put i me as	ins an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows: my name, Karla Lara, in registered agent, because I believed that would put state owner. I put my husband's name, Pedro Lara, in Title Manager and he ars as the owner. I want to put my name, Karla Lara, under Title Manager and appear as the owner.	he			
	Was d correct	lefectively signed. The manner in which the document was defectively signed and the appropretion are as follows: SECTION STATE STATE	\$ 8			
— Sig	1/	of Authorized Representative Date				

Filing Fee: Certified Copy: \$25.00

\$30,00 (optional)