

L14000/42104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

No Charge  
Our error Accepted  
Name with the  
LLC suffixes

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100262362491

NC Amendment  
L14-142104

FILED  
14 NOV -5 PM 14:00  
TALLAHASSEE, FLA

NOV 05 2014

N. CAUSSEAU

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MYSTIC SENSES ESOTERICISM AND SPIRITUALITY 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:

IRMA MOULTON

Name of Person

MYSTIC SENSES ESOTERICISM AND SPIRITUALITY LLC

Firm/Company

220 CHENEY HIGHWAY

Address

Titusville FL 32780

City/State and Zip Code

MYSTICSENSESBOTANICAL@gmail.com

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

For further information concerning this matter, please call:

IRMA MOULTON

Name of Person

at ( 321 )

Area Code

607 6927

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2014

IRMA MOULTON  
MYSTIC SENSES ESOTERICISM & SPIRITUALITY  
220 CHENEY HWY  
TITUSVILLE, FL 32780

SUBJECT: MYSTIC SENSES ESOTERICISM AND SPIRITUALITY LIMITED  
LIABILITY COMPANY, LLC  
Ref. Number: L14000142104

This is to advise you that on September 4, 2014, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6051.

Sincerely,

Nanette Causseaux  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 514A00022819

The name of the company cannot include two suffixs. You can either have the name as "MYSTIC SENSES ESOTERICISM AND SPIRITUALITY LLC" or "MYSTICSENSES ESTERICISM AND SPIRITUALITY LIIMITED LIABILITY COMPANY"

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MYSTIC SENSES ESOTERICISM AND SPIRITUALITY Limited Liability  
(Name of the Limited Liability Company as it now appears on our records.)  
Company  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Sep 4, 2014 and assigned  
Florida document number 2-14000142104

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MYSTIC SENSES ESOTERICISM AND SPIRITUALITY LLC  
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)

220 CHENEY Highway  
THOUSVILLE FL 32780

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:

Enter Florida street address

City Florida

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 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.*

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 11/14/2014

  
\_\_\_\_\_  
Signature of member or authorized representative of a member

IRMA MOU HON  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 NOV -5 PM 4:00  
TALLAHASSEE, FLORIDA  
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