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(((H150002349013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

Phone : (800) 494-3124

Fax Number : (305)675-2811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOTANICA MAYELEWO, LLC

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OCT 01 2015

S. YOUNG

ARTICLES OF AMENDMENTA TO ARTICLES OF ORGANIZATION

H150002349013

	BOTANICA MAY	'ELEWO, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears o lability Company)	n our records.)		
The Articles of Organization for this Limited L	were filed on	01/16/2015	and assigned		
Florida document numberL15000010174	<u>.</u>		•		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited ilabi	lity company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the desig	nation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applic	4300 S SEMORAN BLVD # 206				
(Principal office address MUST BE A STREE	ORLANDO, FL 32822				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	4300 S SEMORAI ORLANDO, FL 33		ds 5		
B. If amending the registered agent and/ registered agent and/or the new registered of	Tice address here	:	r records, <u>entert</u>	henameofthenew	
Name of New Registered Agent:	CYNTHIA SEL	.10		5 5 <u>5</u>	
New Registered Office Address:	4300 S SEMORAN BLVD # 206			5.F. 33	
			street oddress		
		ORLANDO	, Florida	32822 Zip Code	
		x 10)		1-41 2.114C	

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

Page 1 of 3

H15000234901 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H15000234901 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSEFA LEANDRI	14208 CRISTAL KEY PLACE	D Add
		ORLANDO, FLORIDA 32824	■ Remove
			D Change
MGR	JOEL PADILLA	14208 CRISTAL KEY PLACE	D Add
		ORLANDO, FLORIDA 32824	■ Remove
		A	D Change
AMBR	CYNTHIA SEDO	4300 S SEMORAN BLVD # 206	25 A
		ORLANDO, FL 32822	SE SE PROVE
			O Change
			D Remove
			D Change
			D Add
			D Remove
			D Change
			D Add
			D Remove
			D Change
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The 90t	th day after the record is filed.	m the e	aine
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	Cyrolling Suizo		_
-	Signature of a member or mithorized representative of a member		_