06/19/2015

TO:18506176383

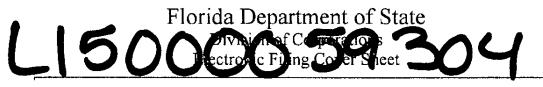
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6/19/2015

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001516283)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ALL FLORIDA FINANCIAL LLC

Account Number : I20150000049

: (239)995-7500

Phone Fax Number

: (239)303-4858

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

Email A	Address:						
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHE BOTANICA & PET STORE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

J. HARRIS

06/19/2015

TO:18506176383 FROM:8888888888

Page:

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

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ASHE BOTANICA & PET STORE LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L15000059304	pany were filed on 04/03/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
ASHE BOTANICA LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
	<i>7.2.</i>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	¥:. 0
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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

MGR = Mai	om our records: nager thorized Member  Name	Address	H15000151628  Type of Acti  □ Add □ Remove
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Typed or printed name of signee

Filing Fee: \$25.00

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