## 16000156797

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NT FEB -2 P 3: 30 SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE FEB 03 2017

## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJI		AL BRUCE FL " L.L.C."	* .	· · · · · · · · · · · · · · · · · · ·
4		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Bruce Herzog		
			Name of Person	
			Firm/Company	
		221 N OAK ST. APT 11		
			Address	
		LANTANA, FL 33462		<u> </u>
		BOTANICAL.BH@GMAI		
		E-mail address: (	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please c	all:	<b>201</b> TALI
BRUC	E HERZOG		561 305-3741	7 FEB
	Name of	'Person	Area Code Daytime	Telephone Number 2
Enclos	ed is a check for th	e following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTANICAL BRUCE FL " L.L.C."	
(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 Liability Company were filed on $\frac{08/22/2016}{}$ and Florida document number $\frac{L16000156797}{}$ .	d assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BOTANICAL BRUCE FL L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	m "L.L,C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 na registered agent and/or the new registered office address here:  Name of New Registered Agent:	me of the new
New Registered Office Address:    Enter Florida street address   Company	
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

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BRUCE HERZOG	221 N OAK ST. APT 11	<b>∃</b> Add
		LANTANA,FL 33462	Remove
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Effective date, if other than the	date of filing:st be specific and cannot be prior to date of filing or	(optional)	
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutory fi	Ing requirements, this date will not be list	ed as
ne record specifies a delaye The 90th day after the rec	d effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlie	er of
Dated	, 2017		
2.	Signature of a member or authorized representation		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00