

**L1800013279**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE HC LLC  
Account Number : I20200000165  
Phone : (863)421-0617  
Fax Number : (407)520-5473

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

Email Address: Kelly G. Mena@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BOTANICA LUCERO VIRAMUNDO LLC**

Certificate of Status	0
Certified Copy	0
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2022 MAR 28 AM 10:13

FILED  
2022 MAR 28 PM 2:27  
FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOTANICA LUCERO VIRAMUNDO 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:

KEILY GONZALEZ

Name of Person

BOTANICA LUCERO VIRAMUNDO LLC

Firm/Company

1104 E HINSON AVE SUITE A

Address

HAINES CITY, FL 33844

City/State and Zip Code

KEILYG1978MENA@GMAIL.COM

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

For further information concerning this matter, please call:

KEILY GONZALEZ

at (201) 598 99 45

Name of Person

Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTANICA LUCERO VIRAMUNDO LLC

(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 01/16/2018 and assigned  
Florida document number L18000013279.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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) \_\_\_\_\_

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:

KEILY GONZALEZ

New Registered Office Address:

491 COLUMBIA CT

Enter Florida street address

POINCIANA

Florida 34759

City

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 25

2022

Signature of a member of authority

REILY GONZALEZ

Typed or printed name of signee

**Filing Fee: \$25.00**