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(Re	questor's Name)	
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(Cir	ty/State/Zip/Phon	e #)
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE OF CORPORATIONS

N COOPER JUN 0 6 2018

## **COVER LETTER**

	gistration Sec dision of Corp			
CHD IPCT.	Botanical Bo	outiques LEC.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of 7	Amendment and fee(s) are sub	mitted for tiling.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Morris Jetf		
			Name of Person	
		Botanical Boutiques		
			Firm/Company	
		370 15th Ave. South Unit (	C:	
		•	Address	<del></del> -
		Jacksonville Beach 14, 322	.50	
		******* ******************************	City/State and Zip Code	
		botanicalboutiques@gmail.a	com to be used for future annual report notifi	cation)
For further is	nformation co	ncerning this matter, please ca	·	
Morris Jeff			904 888-4635 at () Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00 I	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
were filed on May 16, 2018	and assigned
oility company here:	
ility Company," the designation "LLC" or	the abbreviation "L.L.C."
370 15th Avenue South Unit C	<b></b> 0;
Jacksonville Fl. 32250	8 VISIO
	<del>三</del> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
370-15th Avenue South Unit C	CORPG
Jacksonville Fl. 32250	—————————————————————————————————————
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ffice address on our records, <u>e</u> :	nter the name of the n
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emier vuorida sireet daaress	
, Florid	a Zip Code
	Jacksonville Fl. 32250  370 15th Avenue South Unit C  Jacksonville Fl. 32250

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clyded D Meclain		
		370-15th Avenue South, Suite CBE	<b>≅</b> Remove
		Jacksonville Beach FL. 32250	
CEO	Morris A Jeff	8024 Southside Blvd. Apt. 162	
		Jacksonville FL. 32256	_
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ective date, if other to reffective date is listed, the te: If the date inserted cument's effective date	in this block does no	ot meet the applier	ible statutory filing	(optiona re than 90 days after filin requirements, this dat	l) g.) Pursuant to 605,020 e will not be listed ;
record specifies a The 90th day after			. an effective ti	me, at 12:01 a.m	. on the earlier o
Man 20		2018	·		
ted May 30	20/				

Page 3 of 3

Filing Fee: \$25.00