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COVER LETTER

TO:

TO:		tration Sect on of Corpo							
en e		BOTANICA	SAN EXPED	TO LLC					4
SUBJE	.C1: _			Name of Limited 1	Liability Con	npany	_	<u>. </u>	4
The end	closed A	Articles of Ar	mendment and	fee(s) are submitte	ed for filing				
Please	return a	ll correspond	lence concerni	ng this matter to th	e following	<i>:</i>			
			ARACELIS	CACHELA					
					Name of P	erson			
			ATAIS AG	ENCY INC					
					Firm/Con	pany			
			8358 W OA	KLAND PARK BI	LVD STE 1	02			
					Addres				
			SUNRISE,	FL 33351					
			INFO@ATA	Ci ISAGENCY.COM	ity/State and	Zip Code			
				-mail address: (to be	used for fute	ire annual rep	ort notificati	on)	
For fur	ther info	ormation con	cerning this m	atter, please call:					
ARAC	ELIS C	ACHELA			954 at (748-8	3070		
		Name of P	erson		Area	Code (Daytime Tel	ephone Number	_
Enclose	ed is a c	heck for the	following am	ount:					
■ \$2.	5.00 Fil	ing Fee	□ \$30.00 Fi Certifica	ing Fee & C	□ \$55.00 Fi Certified (additional		ed)	S60.00 Filing I Certificate of Certified Copy (additional copy	Status &
	Regi Divi P.O.	ng Address: stration Se sion of Co Box 6327 thassee, FI	rporations			Street Add Registrati Division of The Central 2415 N. M Tallahass	ion Sectio of Corpor re of Talla Monroe St	ations thassee .reet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTANICA SAN EXPEDITO LLC

(Name of the Limit	ed Liability Comp (A Florida Limited	ny a <u>y it now appears on our records</u> Liability Company)	<u>,</u>	
The Articles of Organization for this Limited L. Florida document number L19000076462	iability Company	were filed on 03/19/2019	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liah	oility company here:		
BOTANICA EXPEDITO LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE		N/A		
		N/A		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OF FICE	ROY)	N/A		
(Mulling dudiess MAT BEATOST VITTEE	<u>BOAJ</u>	N/A		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>enter t</u>	ne name of the new registere	
N D Complete Addition	N/A			
New Registered Office Address:	<u> </u>	Enter Florida street address		
	N/A	Flo	orida N/A	
		City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a charge in the company has been notified in writing of this	er and complete stered agent as registered office	performance of my duties, an provided for in Chapter 605. I	d I am familiar with and F.S. Or, if this document is	
	If Cha	nging Registered Agent, Signature of	New Registered Agent	

If amending . or removed for	Authorized Person(s) a rom our records:	uthorized to mar	nage, enter the title, name, and address of eac	h person being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				□Change
				□Add
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				□Remove
				□Change

D. If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	
E. Effective date, if other	er than the date of filing:
Note: If the date insert	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
If the record specifies a dela record is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 01	2022
Dated	Mayor Mondon
	Signature of a member or authorized representative of a member
MAYRA M	
	Typed or printed name of signee

Filing Fee: \$25.00