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

From: Account Name : INTERSTATE CARRIER SERVICE CORP
Account Number : I20160000043
Phone : (786) 346-6290
Fax Number : (305) 503-6979

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

Email Address: Interstatecarrier service@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOTANICA ESHU ODARA LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOTANICA ESHU ODARA 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:

NERCY MARTINEZ

Name of Person

BOTANICA ESHU ODARA LLC

Firm/Company

3381 SW 142ND AVE

Address

MIAMI FL 33175

City/State and Zip Code

INTERSTATECARRIERSERVICE@YAHOO.COM

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

For further information concerning this matter, please call:

LOURDES GARCIA

at (786) 3466290

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTANICA ESHU ODARA 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 03/28/2019 and assigned
Florida document number 119000085758.

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)

5530 SW 8 ST

CORAL GABLES FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5530 SW 8 ST

CORAL GABLES FL 33134

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:

NERCY MARTINEZ

New Registered Office Address:

5530 SW 8 ST

Enter Florida street address

CORAL GABLES

Florida 33134

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KENDRA HERNANDEZ	5530 SW 8 ST	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NERCY MARTINEZ	5530 SW 8 ST	<input type="checkbox"/> Add
		CORAL GABLES FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Dated April 22 2019

1

Signature of a member or authorized representative of a member

Nancy Martinez

Typed or printed name of signee