

L19000 133 610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

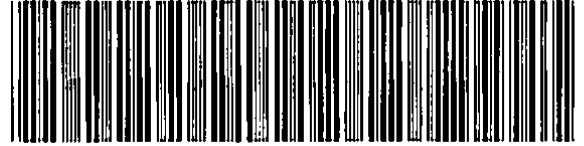
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 25 2019

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SECRETARY OF STATE  
TALLAHASSEE, FL

2019 JUN 12 PM 3:46

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** botanica mama rufina llc  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

yohandra Porto  
Name of Person

Botanica Mama Rufina llc  
Firm/Company

13368 sw 288 st  
Address

homestead fl 33033  
City/State and Zip Code

botanicamamarufina@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

yohandra porto 305 8032959  
Name of Person at ( ) Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Botanica Mama Rufina,

(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 16-5-19 and assigned  
Florida document number L19000133610

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**)

13368 SW 288 ST  
Homestead FL 330

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

13368 SW 288 ST  
Homestead FL 330

B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Yohandra Porto

New Registered Office Address:

13368 SW 288 ST

Enter Florida street address

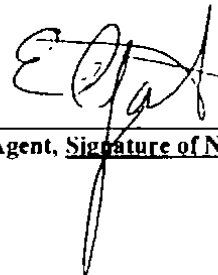
Homestead, Florida 33033

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          | Porto, Jose     | 3432 NE 3 RD       | <input type="checkbox"/> Add               |
|              |                 | Homestead FL 33033 | <input checked="" type="checkbox"/> Remove |
|              |                 |                    | <input type="checkbox"/> Change            |
| MGR          | Ernesto Camacho | 426 SW 18 AVE      | <input checked="" type="checkbox"/> Add    |
|              |                 | Apt. 2, Miami      | <input type="checkbox"/> Remove            |
|              |                 | FL 33135           | <input type="checkbox"/> Change            |
|              |                 |                    | <input type="checkbox"/> Add               |
|              |                 |                    | <input type="checkbox"/> Remove            |
|              |                 |                    | <input type="checkbox"/> Change            |
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|              |                 |                    | <input type="checkbox"/> Add               |
|              |                 |                    | <input type="checkbox"/> Remove            |
|              |                 |                    | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here. (Attach additional sheets, if necessary.)  
Please Add EIN # 84-189463:

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).

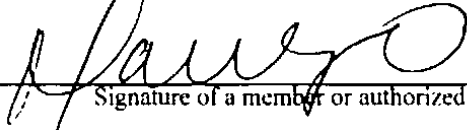
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4-6-19



Signature of a member or authorized representative of a member

MARIA FERNANDA DEL DAGO

Typed or printed name of signee