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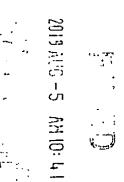
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

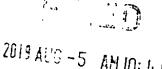
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PER INCAP.		BOTANICA MAYELE	WO LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Arti	icles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all e	orrespond	ence concerning this matter	to the following:		
		ARNO	OLDO MARTINEZ MA	ATOS	·
			Name of Person		
BOTANICA MAYELEWO LLC					
Firm/Company					
	1808 CORTEZ RD W #107				<u></u>
Address					
		В	RADENTON, FL 3420	7	_
			City/State and Zip Code	2	
		MAYELEV E-mail address: (VOBOTANICA@YAH	OO.COM Il report notifica	ttion)
For further inform	nation con	cerning this matter, please ca	ıll:		
ARNOL	.DO MAR	TINEZ MATOS	941 40	65-2276	
	Name of P	erson	at () Area Code	Daytime T	elephone Number
Enclosed is a che-	ck for the	following amount:			
■ \$25.00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registra Division Clifton	TT/COURIER ation Section n of Corporati Building xecutive Cente	ons

Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	AM 10: 41			
BOTANICA MAYEL				
(Name of the Limited Liability Compa (A Florida Limited	In as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on and assigned and assigned			
Florida document number L19000174932				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1808 CORTEZ RD W #107			
(Principal office address MUST BE A STREET ADDRESS)	BRADENTON, FL 34207			
	5717 16TH ST W			
Enter new mailing address, if applicable:	BRADENTON, FL 34207			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her				
Name of New Registered Agent: ARNOLDO N	IARTINEZ MATOS			
New Registered Office Address: 5717 16TH ST	w			
1.00 Registered Wither Hadress.	Enter Florida street address			

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.

City

BRADENTON

If Changing Registered Agent, Signature of New Registered Agent

, Florida 34207 Zip Code 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>	Type of Action
мсмв	ISABEL A ORTIZ	6220 12TH ST CT E BRADENTON, FL 34203	□ Add
			Remove
			☐ Change
			Add
		 	□ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			
			☐ Remove
			☐ Change
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Note: If the date	is listed, the date m	ust be specific and block does not i	d cannot be prior meet the applic	to date of filing or able statutory fili		optional) after filing.) Pursua s, this date will no	
document s effet				t an effective	time, at 12:	$01~{ m a.m.}$ on the	e earlier of
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Page 3 of 3

Filing Fee: \$25.00