L19000177564

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phon	e #)
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COVER LETTER

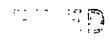
TO:	Registration Se Division of Cor			٠,
SUBJE		onservatory of Tampa Bay, LL	C	
SUBJE	<u> </u>	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Anita Camacho		
			Name of Person	<u> </u>
		Butterfly Conservatory of	Гатра Вау. LLC	
			Firm/Company	
		3113 S Dale Mabry Highw	ay, Ste A	
			Address	
		Tampa, FL 33629		
		Anita@ButterflyTampa.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
Anita (Camacho		813 748-7098 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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



Butterfly Conservatory of Tampa Bay, LLC		2019 OCT 28 PM 1: 36
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our rec	ords.)
The Articles of Organization for this Limited Liability Compa Florida document number L19000177564		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	PO Box 320592	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33679	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address is a Name of New Registered Agent: New Registered Office Address:	here: Enter Florida street ad	dress , Florida
	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>	Type of Action
AMBR	Marc Camacho	3113 S Dale Mabry Highway, Ste	
		A	
		Tampa, FL 33629	
			☐ Remove
			Change
		u	Add
			
			□ Remove
			F C
			□ Change
		 	
			☐ Remove
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tote: If the date thiser	er than the date of filing: I, the date must be specific and cated in this block does not meet ate on the Department of States.	et the applicable statu	(0) (Illing or more than 90 days a tory filing requirements.	ptional) offer filing.) Pursuant to 605.0201 this date will not be listed as
e record specifies The 90th day aft	a delayed effective dat er the record is filed.	te, but not an effo	ective time, at 12:0	1 a.m. on the earlier o
October 23		2019		
$\overline{\bigcirc \Lambda}$				

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Typed or printed name of signee

Filing Fee: \$25.00