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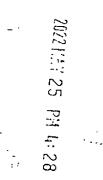
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C 7/29/2022

COVER LETTER

TO: Registration S Division of Co			
BOTANIC SUBJECT:	QUE CBD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANTONIO SENA		
		Name of Person	
	ASENA ACCOUNTING	& TAX LLC	
		Firm/Company	
	3300 NE 192ND ST APT	1601	
		Address	
	AVENTURA, FL 33180		
	0722 (7)	City/State and Zip Code	
	ascna0723@gmail.com E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	·
ANTONIO SENA		305 812-2031 at ()	
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	(additional copy is enclosed) Certified C	of Status &
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

*

BOTANIQUE CBD LLC		2022 HAT 25 PM 4: 28
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	<u>'ds.</u>) .
		f^{**} . f^{**}
The Articles of Organization for this Limited Liability	Company were filed on 10/06/2021	and assigned
Florida document number L21000438554	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
LA BOTANIQUE LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "Ll.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DECC	
Timelpar office address most be A STREET ADD	<u> </u>	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registere	ed office address on our records, ente	r the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	255
	Since I all the bright beautiful and the beautif	
	, F	lorida
	CIN	ZID COGE

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Remove
			П.С

Effective date, if other than the date of filing:	(optional) exprior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (applicable statutory filing requirements, this date will not be listed as the cords. tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
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		Dated MAY 12
Jessica M. S. D. Manika		
Clamatum, Cumurah, and and and a second and a second as a second a	2	Jessica M. S.
Signature of a member of authorized representative of a member	audiorized representative of a member	V Sign

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Filing Fee: \$25.00