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FILED
2022 APR -7 AM 6: 21
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Baky Sy Botanica Shop, LCC 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:
Johnadais JnFrancois Name of Person Bakysy Botanica shop, LLC Firm/Company
Bakysy Botanica shop, LLC
1635 Quail Lane DR
west polm beach FL 33409 City/State and Zip Code
yschnodais In Francois 3 @ Gmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YSChnodais In François at (561) 727-6237 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
Kt \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 APR -7 AM 6: 21

Bakusy Botanica Shab // C SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our Accord ASSEE, FL (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed onand assigned
orida document number <u>L 2 20000 72 210</u>
is amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Tailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> ent and/or the new registered office <u>address here</u> :
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Partie 1 for the part of the partie of

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

• MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		1635 Quail lane Dr west palm beach, FL 38409	Remove
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		Signature of a	a member or author	med representative	or a memoer		