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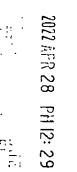
(Requestor's I	Name)			
(Address)	_			
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(City/State/Zip/Phone #)				
PICK-UP W	AIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Cert	ificates of Status			
Special Instructions to Filing Office	er:			

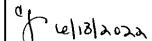
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COVER LETTER

TO: Registration Set Division of Cor			
Botanica E	soterica Latina Xioma Limited	Liability Company	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	united for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose C Gonzalez		
		Name of Person	
		Firm*Company	
	11909 SW 152 PL		
		Address	
	Miami Fl 33196		
		City/State and Zip Code	
•	besoterica@gmatl.com E-mail addiess: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please of		
Jose C Gonzalez		561 561-260-8845	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(i) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Sec	tion

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 ARTICLES OF ORGANIZATION OF

Botanica Esoterica Latina Xioma, limited liability Company

2022 APR 28 PH 12: 29

(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 April 05, 2022 and assigned Florida document number 1.22000163083 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Botanica Esoterica Latina Xioma LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida ___

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 amenting 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
MGR	Arianne Perez	11909 SW 182 Pl. Minimi Fl 33196	Add
			Remove
			Change
MGR	Jose C Gonzalez	11909 SW 152 Pi, Miami Fl 33196	■Add
			<u>U</u> Remove
			Z.Change
·			□Remove
			TChange
		□ Remove	
			Add
			LIRemove
			□ Remove
			II Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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l'an eile <u>Note:</u>	ve date, if other than the date of filing:
record d is til	I 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 ed.
Dated .	April 25, 2022
	Signal are of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Jose C Gonzalez
	Typed or printed name of signee