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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

Tallahassee, FL 32314

TO:

	ation Sec n of Corp	ction porations		
		ATIBONIT BOTANIKA LL.C	:	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	ticles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspoi	ndence concerning this matter	to the following:	
		EDELET DERILUS		
			Name of Person	-
		KAY TETKALE ATIBON	IT BOTANICA LLC	
			Firm/Company	
		1600 S DIXIE HIGHWAY	UNIT K	
			Address	
		LAKE WORTH FL 33460		
		-	City/State and Zip Code	
		TETKALEBOTANICA@G		
			to be used for future annual report	notification)
For further inform	mation co	oncerning this matter, please co	all:	
EDELET DERH	LUS		561 572-837 at ()	I
	Name of	Person		ytime Telephone Number
Enclosed is a che	eck for th	e following amount:		
□ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address		Street Address	
-	ration S	ection orporations	Registration Division of (Section Corporations
	or 632	•		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TETKA	LE A	TIRO	TIME	ROTA	NIKA	11C
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(in tronds bilines	mainty company)	
The Articles of Organization for this Limited Liability Company	were filed on JUNE 29TH 2023	and assigned
Florida document number L23000311769		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
KAY TETKALE ATIBONIT BOTANICA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1600 S DIXIE HIGHWAY UNIT K	
(Principal office address MUST BE A STREET ADDRESS)	LAKE WORTH FL 33460	2023
		1
Enter new mailing address, if applicable:	1600 S DIXIE HIGHWAY UNIT K	7
•	LAKE WORTH FL 33460	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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>	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
		<u> </u>	Change
			□Add
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Filing Fee: \$25.00