L23000399405

(₭€	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer	
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COVER LETTER

TO:	Registration Se Division of Cor		4.	•
(317 1 3 1)	Serena 309			
SUBJI	ECT:		ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ivette Nancy Romano		
			Name of Person	
			Firm/Company	
		1020 Sunset Point Road, S	uite 309	
			Address	
		Clearwater, Florida		
		v.romano@botanicalsint.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please ca	all:	
[vette	Nancy Romano		727 4039931 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for th	e following amount:		
■ S2	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 S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Screna 309 LLC

company has been notified in writing of this change.

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(A rionda Limiti	<u>ipany as it now appears on e</u> ed Liability Company)	ur records.	
		A Company of the State of the S	
he Articles of Organization for this Limited Liability Compa	ny were filed on August 2	24, 2023	_ and assigned
lorida document number L23000399405			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lis	ability company here:		
ne new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		 -	
Aailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office	anddrass on our rogard	e anton the name	f the new version
ent and/or the new registered office address here:	e address on our record	s, <u>enter the name o</u>	t the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stro	eet address	
		, Florida	
	City	··	Zin Code
	Chy		rap cour

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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Cleman Agami	1020 Sunset Point Road, suite 409	□ Add
		Clearwater, Florida	■Remove
			□Change
			🗀 Add
			□Remove
			Change
			
			□ Remove
			□Change
			□Remove
			Change
		 	□Remove
			Change
			□Add
			□Remove
			Change

	Please remove Cleman Agami as Manager and Member of the LLC
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-	
CC 4	and death and the sale of the control of the contro
ote:	ve date, if other than the date of filing:
recor	d 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.
ated .	August 28, 2023
	Signature of a member or authorized representative of a member
	Signature of a incinioer or authorized representative of a member

. .