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COVER LETTER

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то:	Registration Section Division of Corporations						30
		LOTUS INTE	ERNATIONAL GROUP, LL		\$		
SUBJE	CT:		Name of I in	ited Liability Company			
The enc	losed	l Articles of Ai	mendment and fee(s) are sub	mitted for filing.			30 FCB 3 PM 3: 13
Please r	eturn	all correspond	dence concerning this matter	to the following:			
			MIKHAII. MATVIENKO				
				Name of Person			
				Firm/Company			
			4274 LARGE LEAF LN				
				Address			
			HOLLYWOOD, FL 3302	1			
			ALEXRYKOV77# YAHO				
For furt	her ir	iformation con	F-mail address: (accorning this matter, please co	to be used for future annua all:	il report notific:	a(ion)	
микна	AIL N	MATVIENKO		305 3	325632		
		Name of I	'erson	Area Code	Daytime 1	elephone Number	
Enclose	rd is a	check for the	following amount:				
■ \$25	5 (W) F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee Certified Copy additional copy is er		S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
	Reg Div P.C	iling Address: gistration Se vision of Co D. Box 6327 Jahassee, FI	rperations	Regist Division The Co 2415 Y	Address: ration Secti on of Corpe entre of Tal N. Monroe S assec, FL 3	orations Hahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ТО	.•
ARTICLES OF ORGANIZATIO	N 2 12
OF	
LOTES INTERNATIONAL OROUGH LLO	
LOTUS INTERNATIONAL GROUP, LLC.	in records)
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	المراجعة ا
The Articles of Organization for this Limited Liability Company were filed on $\frac{12707/20}{12}$	our records.) and assigned (3)
Florida document number L10000125649	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation	tion "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 record agent and/or the new registered office address here: Name of New Registered Agent:	is, enter the name of the new registered
New Registered Office Address: Enter Florida so	and the second discountry of the second second discountry of the second
Enter Provinci Su	ver aan ess
	, Florida Zip Code
Cuy.	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 capac provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chapabeing filed to merely reflect a change in the registered office address. Thereby co-company has been notified in writing of this change.	luties, and I am familiar with and ver 605, F.S. Or, if this document is

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
MGR	ALEXANDER, RYKOV	4274 LARGE LEAF LN	■Add
		HOLLYWOOD, FL 33021	□Remove
			EChange
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			W-01-10-10-11-1			
						
Effective date, if other if an effective date is listed Note: If the date insert document's effective d.	l, the date must be spe ted in this block do	reific and cannot be es not meet the ap	prior to date of filing opticable statutory	or more than 90 da	(optional) iys after filing.) Pursu nts. this date will n	ant to 605,0207 (of be listed as t
e record specifies a dele rd is filed.	ayed effective date.	but not an effecti	ve time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
Dated 29 JANUARY		2020				
		*				
	ji' ((
	Signat	yre of a member or	authorized represer	itative of a member		

Filing Fee: \$25.00