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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Lotus	s Health Invest	ments, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marcos Soc	orro	
		Name of Person	
	Lotus Health	n Investments, L	LC
	-	Firm/Company	
	13110 sw 82	2 terr	
		Address	
	Miami, FI 33	3183	
		City/State and Zip Code	
·	marcos.me.com@		Gration)
		to be used for future annual report notif	neation)
For further information	concerning this matter, please c	all:	
Marcos So	corro	at (786) 329-9 Area Code Daytime	804
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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)

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# Lotus Health Investments, LLC (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 $\frac{07/12/12}{12}$ Florida document number <u>L</u>12000090940 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 end with 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) 13110 SW 82 Terra Enter new mailing address, if applicable: Miami, FI 33183 (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

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/AMBR	Marcos Socorro	PO Box 228871	<b>∃</b> Add
		Miami, FI 33222	☐ Remove
MGR/AMBR	Yovani A Pereira	13110 sw 82 Terra	
		Miami, Fl 33183	□ Remove
			□ Remove
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Effective date, if other than the effective date must be specific, cathe date this document is filed by the Dated 88682014	nnot be prior to date of receipt or filed date and Florida Department of State)	I cannot be more than 90 days after

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Filing Fee: \$25.00