

L14000163441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RANDOL GEM SUPPLY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH HOWE

Name of Person

SACRED LOTUS GEMS LLC

Firm/Company

5240 DALLAS PL

Address

SARASOTA, FL 34231

City/State and Zip Code

elizabeth@sacredlotusgems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH HOWE

941 400-1857
at ()

Name of Person

Area Code

Daytime 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**

FILED

2015 JAN 30 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RANDOL GEM SUPPLY 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 Oct 20 2014 and assigned
Florida document number L14000163441.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SACRED LOTUS GEMS LLC

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:

5240 DALLAS PLACE

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL

34231

Enter new mailing address, if applicable:

5240 DALLAS PLACE

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL

34231

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:

ELIZABETH HOWE

New Registered Office Address:

5240 DALLAS PLACE

Enter Florida street address

SARASOTA

City

, Florida 34231

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.

Elizabeth Howe
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|----------------------|--|
| AMBR | ELIZABETH HOWE | 3406 Spainwood Drive | <input type="checkbox"/> Add |
| | | Sarasota, FL | <input checked="" type="checkbox"/> Remove |
| | | 34232 | |
| AMBR | ELIZABETH HOWE | 5240 DALLAS PLACE | <input checked="" type="checkbox"/> Add |
| | | SARASOTA, FL | <input type="checkbox"/> Remove |
| | | 34231 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 26, 2015

Elizabeth Howe

Signature of a member or authorized representative of a member

ELIZABETH HOWE

Typed or printed name of signer

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Filing Fee: \$25.00

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