

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOTUS FLOWER BOUTIQUE, LLC

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Electronic Filing Menu

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LOTUS FLOWER BOUTIQUE, LLC		0-1
(Name of the Limited Lighlity Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	21 9
•	,	>
The Articles of Organization for this Limited Liability Company v	vere filed on 06/01/2015	and assigned
Florida document number L15000094975		
Florida document number	,	
This amendment is submitted to amend the following:		
The missiant is substituted to tested the following.		
A. If amending name, enter the new name of the limited liabili	ity company here:	
	•	
The new name must be distinguishable and end with the words "Limited Liabili	ity Company," the designation "LLC" or	the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		**************************************
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B. If amending the registered agent and/or registered offinesistered agent and/or the new registered office address here:	ce address on our records, en	ter the using of the nev
	9	,
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
Novi Pacietaved Office 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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>	Address	Type of Action
MGRM	NATALIE LUCIA RODRIGUEZ	11865 SW 26TH ST STE 0	915 E Add
		MIAMI, FL 33175	□ Remove
<u> </u>			
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	· ,		TRemays
			□ Remove
. ——		TALLAHA	유 면실해 기
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. If amending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
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 the date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
Dated 07/07/20/5	•
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many,	
Signature of a member or authorized repo	esentative of a member

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SECRETARY OF STATE