## L16000094729

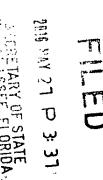
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Lotus 7 File	ms, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	endence concerning this matter t	to the following:	
	Abraham Mercado		
		Name of Person	
	Lotus 7 Films, LLC		
		Firm/Company	<del></del>
	3172 Ridge Trace		
		Address	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Davie, FL 33328		
		City/State and Zip Code	
	abrahamer34@gmail.com		
	E-mail address: (t	o be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	ıll:	
Abraham Mercado		954 7010708 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	he 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 7 Films, LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000094729	y were filed on 05/13/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
	100-7 warning
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE <u>BOX)</u>	
	ēm y
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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.

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
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		Davie, FL 33328	■ Remove
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Page 3 of 3

Filing Fee: \$25.00