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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lotus Surface Solutions, UC 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:
Scott Weintraub Name of Person
Lotus Surface Solutions, UC
5 Carriage Creek Way
Ormand Beach, FL 32174  City/State and Zip Code
le-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Weintraub  Name of Person  at (386) 530-5405  Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \\$30.00 Filing Fee & \sum \\$55.00 Filing Fee & \sum \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\sum \\$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

Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability Confide document number <u>L1600142080</u> This amendment is submitted to amend the following:	<del></del> ·
A. If amending name, enter the new name of the limi  The new name must be distinguishable and contain the words "Limi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDR	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  5 Carriage Creek Way
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 Couriage Creek Way Ormand Beach, FL 32174 District Ormand Beach, FL 32174
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new lress here</u> :
Name of New Registered Agent:  New Registered Office Address:	5 Carriage Creek Way  Enter Florida street address  Separate Beach Florida 32174
	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.

of Changing Pagistared 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.	Spencer Ranger	5 Courriage Creek Way	🗆 Add
		5 Corriage Creek Way Ormand Beach (FC 32174	Remove
			Change
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Effective date, if other than the date	of filing:	June 1	± 2018	(optiona	l)	02077
	oes not meet t	the applicable s	tatutory filing requ	an 90 days after filir tirements, this da	ig.) Pursuant to 605.0 te will not be listed	d as th
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Filing Fee: \$25.00