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S. YOUNG

### **COVER LETTER**

TO:	Registration Se Division of Co			
41 LES EES		itecture Group, LLC.		
SUBJE	ül;	Name of Limited	l Liability Company	
The encl	iosed Articles of	Amendment and fee(s) are submit	tted for filing.	
Please re	eturn all correspo	ondence concerning this matter to	the following:	
		Michael Sheeley		
		<del></del>	Name of Person	
		Lotus Architecture Group, LL		
			Firm/Company	<del></del>
		8200 College Parkway, Suite	· -	
			Address	
		Fort Myers, FL 33919		
		kb@lotusarchitecture.com	City/State and Zip Code	
		E-mail address: (to b	oe used for future annual rep	ort notification)
For furth	er information c	oncerning this matter, please call:		
Kenleigl	h Buckingham		239 482-2	121
	Name o	f Person		Daytime Telephone Number
Enclosed	l is a check for t	ne following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 Architecture Group, LLC.		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) a Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/26/2016	and assigned
Florida document number L16000179161		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7.0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		P# -
3. If amending the registered agent and/or registered	office address on our records,	enter the name of the n
egistered agent and/or the new registered office address h	<u>ere</u> :	· 6 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
1.115	Kenleigh Buckingham	8200 College Parkway	
VP			
		Suite 101	
		·	■ Remove
		Fort Myers, FL 33919	
			Change
			□ Remove
			Change
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ective date, if other than the neffective date is listed, the date mute: If the date inserted in this becament's effective date on the D	ock does not meet the ap	plicable statutory filing	ore than 90 days after filing.) It requirements, this date w	fursuant to 605.02 ill not be listed a
record specifies a delaye The 90th day after the rec		c noc an effective t	nne, at 12.01 a.m. o	וו לווכ בטוווכו
January 03	2019			
	1			
	1 Trul To -	authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00