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(Requestor's Name) (Address)	700301754607			
(Address) (City/State/Zip/Phone #)	07/27/1701018013 **25.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	17 JUL 27 AM II: AT LANASSEE FLO			
Special Instructions to Filing Officer:	LORKOA			
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. COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: LOTUS Transportation Services 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:
Liang Calderoin Lee
Lotus transportation Services
581 wechsler Circle
Orlando fl 32824 City/State and Zip Code
Lotus, Transportation & wtlook. Com E-mail address: (to be used for future annual reportantification)
For further information concerning this matter, please call:
Liang Galderon at (321) 438-7908 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status \$\$55.00 Filing Fee & S60.00 Filing Fee. \$\$ \$\$55.00 Filing Fee & Certificate of Status \$\$ \$\$certificate of Status \$\$ \$\$certified Copy (additional copy is enclosed) \$\$ \$\$ \$\$certified Copy (additional copy is enclosed)
MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION
OF <u>the trans portation Services</u> (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 December 19, 2016 and assigned
Florida document number <u>L 14000,227998</u> .
This amendment is submitted to amend the following:
A. If amending name, <u>enter the new name of the limited liability company here</u> : LDLS
Enter new principal offices address, if applicable: <u>581 upech5ler cir</u>
(Principal office address MUST BE A STREET ADDRESS) Or lando fl 32824
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: 581 Wech Stev Civ E. 5 Enter Florida street address = 5
Or lando, Florida
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, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Francisco J Beltan	581 wechsler cir	Add
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