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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Lotus LAW FIRM CLC 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:	
Lotus-Lorien Desilva	J
The Lotus LAW FIRM	
3970 Lake Worth R	d.
IAKE WOTH FL 3346	. [
City/State and Zip Code Helotus Jawfirm @ gma E-mail address: (to be used for future annual report notification)	il.com
For further information concerning this matter, please call:	
Lotus-Locien Desilva at (561) 860-2032 Name of Person Desilva Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status &

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 Liab) (A Flori	S LAW FIRM LLC bility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 51817 and assigned 102475
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin The Lott The new name must be distinguishable and contain the words "Li	AS LOW FIRM PLLC imited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL	DRESS) Lake Worth FL 334103
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECHET SEP
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new ddress here:
New Registered Office Address:	3970 Lake Worth Rd. Enter Florida street address Lake Worth Florida 33461 Zip Code

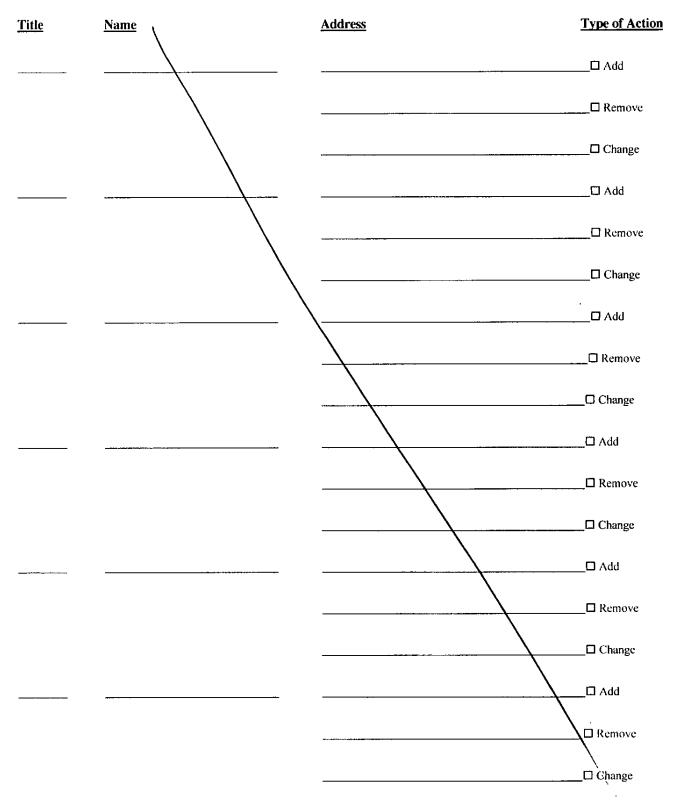
New Registered Agent's Signature, if changing Registered Agent:

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 150 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Page 3 of 3

Filing Fee: \$25.00