

L17000157101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

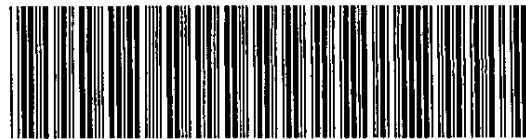
(Business Entity Name)

(Document Number)

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2017 OCT -2 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

OCT -3 2017

## COVER LETTER

**TO:** Registration Section,  
Division of Corporations

LOTUS APP LLC

**SUBJECT:** \_\_\_\_\_  
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:

MARIA DE LOS ANGELES GONZALEZ

\_\_\_\_\_  
Name of Person

AMARO ACCOUNTING SERVICES PA

\_\_\_\_\_  
Firm/Company

3107 NE 4TH STREET

\_\_\_\_\_  
Address

HOMESTEAD FLORIDA 33033

\_\_\_\_\_  
City/State and Zip Code

magaccounting@att.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DE LOS ANGELES GONZALEZ

786 556-3424  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 APP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/20/2017 and assigned  
Florida document number L17000157101.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

**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, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

, Florida

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>    | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|----------------|---------------------|--------------------------------------------|
| MEMBER       | VICTOR RAMIREZ | 8809 NW 23RD STREET | <input type="checkbox"/> Add               |
|              |                | MIAMI FL 33172      | <input checked="" type="checkbox"/> Remove |
|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
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|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
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|              |                |                     | <input type="checkbox"/> Change            |
|              |                |                     | <input type="checkbox"/> Add               |
|              |                |                     | <input type="checkbox"/> Remove            |
|              |                |                     | <input type="checkbox"/> Change            |

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CLERK OF DISTRICT COURT  
MIAMI FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** 09/25/2017 (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.

Dated SEPTEMBER 25TH

~~2017~~

Signature of a member or authorized representative of a member

YANISLET FERNANDEZ AVILA

Typed or printed name of signee