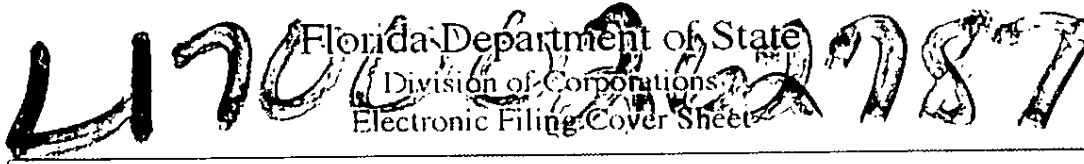


9/5/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000266465 3)))



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To: Division of Corporations Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2019 SEP -5 PM 1:51

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI GARDENS OAK HOLDING LLC

Table with 2 columns: Description and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$25.00).

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SEP 06 2019

**ARTICLES OF AMENDMENT**      (((H19000266465 3)))  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

MIAMI GARDENS OAK HOLDING LLC

(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 12/27/2017 and assigned Florida document number L17000262787.

This amendment is submitted to amend the following:

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

Lotus Garden Holding LLC

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)**

19  
9-5 11:23 AM  
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CLERK

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

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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:

((H19000266465 3))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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