L18000141199

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COVER LETTER

		istration Se ision of Cor			ž , , , ,			
en bicz	~ 1°.	Live Well (BD and Holistics, LLC					
SUBJEA,	. 1:		Name of Limit	ted Liability Company				
The enck	osed	Articles of .	Amendment and fee(s) are subr	nitted for filing.				
Please re	turn	all correspo	ndence concerning this matter t	o the following:				
			Margaret Latham					
			- U	Name of Person				
			Live Well CBD and Holisti	es, LLC				
				Firm/Company				
	368 Moore Rd							
				Address				
	Ocoee, FL 34761							
				City/State and Zip Code				
			BlueLotusBotanicalsFL@gn					
			E-mail address: ()	be used for future amound report not	titication)			
For furth	er in	formation co	oncerning this matter, please ca	II:				
Margare	t Lat	thanı		407 235-0653				
		Name of	f Person	at ()	ne Telephone Number			
Enclosed	l is a	check for th	ne following amount:					
□ \$ 25.	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
		ling Addres		<u>Street Address:</u> Registration Se	vetion			
Registration Section Division of Corporations P.O. Box 6327				Registration Se Division of Co				
				The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVE WELL CBD AND HOLISTICS, LLC	,	INZZ JUL
		<u>≟</u>
(A Florid	ity Company as it now appears on our records, a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000141199 This amendment is submitted to amend the following:	Company were filed on June 7, 2018	Strakigned 9: 35
rais anenoment is submitted to amend the ronowing.		D 01
A. If amending name, enter the new name of the lim	nited liability company here:	
Blue Lotus Botanicals and Wellness, LLC		
The new name must be distinguishable and contain the words "I in	oited 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 ADD)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	Flor	rida
	Circ	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>	Address	Type of Action
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Remove
			□Change
			
			□Remove
			□Change
			🖸 Add
			□Remove
			Change

D. If amending any other inf	ormation, enter change(s) here: (Attach additional sheets,	if necessary.)
-		
		
		····
**	——————————————————————————————————————	
Note: If the date inserted in	n the date of filing:	(optional) ys after (iling.) Porsuant to 605,0207 (3 nts. this date will not be listed as th
If the record specifies a delayed e record is filed.	fective date, but not an effective time, at 12:04 a.m. on the earlier	of: (b) The 90th day after the
Dated July 11	2022	
	A Signature of a member of authorized representative of a member	2022 JUL 15
Margaret Latham	•	15 A
	Typed or printed name of signee	AM 9:

Filing Fee: \$25.00