L180001111199

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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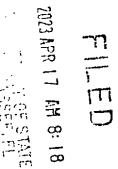
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2023

MARGARET LATHAM 368 MOORE RD OCOEE, FL 34761 US

SUBJECT: BLUE LOTUS BIOTANICALS AND WELLNESS, LLC

Ref. Number: L18000141199

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a INC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 623A00007074

2023 APR 17 PM 2: 25

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Lotus Biotanicals and Wellness LLC 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:
Margaret Latham Name of Person
Blue Lotus Biotanicals and Wellness Lic
368 Moore Rl
City/State and Zip Code Blue lot us botanical SFL & gmail. com E-mail address: (to be used for future annual report notification)
Blue lot us botanical sFL & gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please eall:
Wargaret Lathan at (34) 961-5792 Name of Person 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, Certificate of Status □ Certified Copy □ Certifi
(fail de l'eviously but sent wrong form by mistake.) Sel enclosed Letter you provided by mistake.
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
FIGURE DAMES THE TOTAL CONTROL OF THE TOTAL CONTROL

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE LOTUS BEOTANECALS and WELLHESS LIC (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	7/2018 and assigned
Florida document number <u>L 18000 141</u>	199	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line LIVE WELL CBD AND The new name must be distinguishable and contain the words "L."		UC of Original non- nation "LLC" on the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 APR 17 AM
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	New Registered Agent: Section Property Property	
	City	Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	t and agree to act in this cape complete performance of my agent as provided for in Chap red office address, I hereby c	duties, and I am familiar with and open for the open of the open o

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>	Name :	Address	Type of Action
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Note: If	date, if other the date is listed, the the date inserted in the date of the date.	n this block does	not meet the	applicable stat	t timing of fixers the	(option n 90 days after fi irements, this o	ling.) Pursuant to 60	05,0207 (sted as t
e record s rd is filed.	pecifies a delayed	effective date, bi	ut not an effec	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day aff	ter the
Dated	April	13	$\frac{z_0}{20}$	23	7			
	-	سينيه	フィレー	חצי /				
		William Kur.	Zof a member	or authorized rer	oresentative of a m	ember		

Filing Fee: \$25.00