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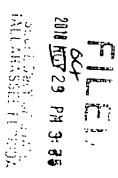
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(Document Number)
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Christia Christia

## **COVER LETTER**

	istration Se sion of Cor					
SUBJECT:	Lotus 18, L	LC				
JOBJECT.		Name of Lin	Name of Limited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Ashley Barrett Bloom				
			Name of Person	_		
		Lotus 18, LLC				
	Firm/Company					
		2044 Constitution Boulev	ard .			
			Address	- 201 <b>6</b>		
		Sarasota, FL 34231		25 25		
	City/State and Zip Code ashley.bloom@svn.com					
For further inf	formation c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:			
John C. Malk	in		941 350-0235	<b>53</b>		
	Name of	f Person	at () Area Code Daytime Telephone Numbe	r		
Enclosed is a	check for th	e following amount:				
□ \$25.00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &		
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Lotus 18, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L18000204904	n 08/27/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>w here</u> :
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 registered agent and/or the new registered office address here:	s on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	The control co
New Registered Office Address:  Enter	Florida street address
	Florida 💆 💆
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code
I hereby accept the appointment as registered agent and agree to act in t	his capacity. I further agree to comply with th

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Christopher Malkin, LLC	2044 Constitution Boulevard Sarasota, FL 34231	Add
			_ ■ Remove
			□ Change
AMBR	John C. Malkin	2044 Constitution Boulevard Sarasota, FL 34231	<b>_ Ad</b> d
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ffective date, if other th	an the date of filing	2:		(opti	onal)		
an effective date is listed, the d	late must be specific and	l cannot be prior to	date of filing or me	re than 90 days after	tiling.) Pursu	ant to 605.	.0207
ote: If the date inserted in ocument's effective date or	the Department of S	itate's records.	ie statutory ming	requirements, this	s date will no	n be liste	ed as
e record specifies a de	elaved effective d	late, but not a	an effective ti	me. at 12:01 a	ı.m. on th	e earlie	er of
The 90th day after th	e record is filed.			,		0 001110	_, _,
ated October 26/		2018					
100	$\mathcal{N}$						
AHA	11/xx						
/***	/ <del>/////</del>		zed representative				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00