118000236296

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: Blue Lotu | s Wellness, LLC | | |
|-----------------------------|---|---|---|
| SOBJECT. | | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter t | to the following: | |
| | Margare | + Lath a.W. Name of Person |] |
| | Blue Lotus Wellness, I | LLC | |
| | | Firm/Company | |
| | <u>4717</u> \$ | Address Rd | |
| | _ Orland | City/State and Zip Code | 2812 |
| | blue Wtus E-mail address: (to | o be used for future annual report notifica | gmail, com |
| For further information of | oncerning this matter, please ca | ll; | |
| Name o | gerson Latha | Area Code Daytime To | - 5797 elephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | S30.00 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) |
| | | | |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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



Blue Lotus Wellness, 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 Lie | ability Company | were filed onO_C+ | $\frac{52018}{\text{and assigned}}$ | |
|---|--|--|--|--|
| Florida document number L18000236296 | | | · | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | | |
| The new name must be distinguishable and contain the we | ords "Limited Liabil | ity Company," the designation "l | LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 3030 N. Rocky Point Dr. These are | | |
| (Principal office address MUST BE A STREET ADDRESS) | | STE 150A | Current addresss | |
| | | Tampa FL 33607 | - a not Changing | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3030 N. Rocky Point Dr. STE 150A | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: | fice address here | | / | |
| New Registered Office Address: | 3030 N. Ro | cky Point Dr. STE 150 | A not Manging | |
| | Finter Florida street address | | | |
| | Tampa | , | Florida 33607 | |
| Non-Bosinson d.A. (1) St. (1) St. (1) In | | City | Zip Code | |
| New Registered Agent's Signature, if changing R | | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has | er and complete stered agent as p egistered office | performance of my duties, rovided for in Chapter 60 | , and I am familiar with and 05, F.S. Or, if this document is | |

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 Title Name Address **Type of Action** Jargaret Latham 4717 Arrow Rd Ardd Orlando FZ 32812 Remove □ Change AMBR Victoria Mendez 4717 Arrow Rd prod Orlando FL 3282 Remove □ Change ☐ Remove □ Change □ Remove □ Change \square Add ☐ Remove ☐ Change

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| Effective date, if othe (If an effective date is listed, Note: If the date inserte document's effective da | r than the date of filin the date must be specific an ed in this block does not a te on the Department of S | d cannot be prior to d meet the applicable | late of filing or more than e statutory filing requir | (optional) 90 days after filing.) Pur ements, this date will | suant to 605.0207 (3 not be listed as th |
| the record specifies and the specifies of the specifies and the specifies are the specifies and the specifies are the sp | a delayed effective or the record is filed. | date, but not a | n effective time, a | t 12:01 a.m. on I | the earlier of: |
| Dated | <u>+ 17</u> | 2018 | | | |
| | Signature of a | member or authorize | of representative of a mer | nber | |
| | Margo | ſ | | | |

Page 3 of 3

Filing Fee: \$25.00