L18000236296

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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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RIVETE ATTICI

COVER LETTER

. * TO: Registration Section **Division of Corporations** Blue Lotus Wellness, LLC SUBJECT: 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 Firm/Company 308 Cinnamon Bark Ln Address Orlando, FL 32835 City/State and Zip Code Bluel.otusWellnessFL(a)gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this maner, please call: Margaret Latham Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 7 -2 7:11:21

Blue Lotus Wellness		
(Name of the Limited Liability Compa (A Florida Limited l	ny ao it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L18000236296	were filed on 10/5/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	368 Moore Rd	
Principal office address MUST BE A STREET ADDRESS)	Ocoee, FL 34761	
inter new mailing address, if applicable:	368 Moore Rd	
Mailing address MAY BE A POST OFFICE BOX)	Ococe, FL 34761	
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	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 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
AMBR	Mary Galeski	308 Cinnamon Bark Ln	
		Orlando FL 32835	□Remove
			☐Change
			[]Add
			□ Rеточе
			Change
			☐Add
			□ Remove
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ffective date, if other than	the date of filing:	to date of filing or more than 90 days af	tional)
an effective date is listed, the date lote: If the date inserted in thi	must be specific and cannot be prior is block does not meet the applic	to date of filing or more than 90 days at able statutory filing requirements, t	ter filing.) Pursuant to 605.0207 (his date will not be listed as t
	ne Department of State's records.		
	ective date, but not an effective ti	me, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
l is filed.			
March 28	2020		
ated		7.	
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Typed or printed name of signee