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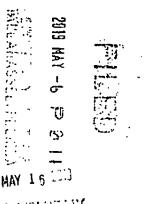
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T. LEMEUK

COVER LETTER

	ion Section of Corporations	•		
	f FUS CONTROL, LLC			
	Name of Finited Cability	Company		
The enclosed Articl	les of Amendment and fee(s) are submitted for fi	iling.		
Please return all cor	rrespondence concerning this matter to the follow	wing:		
	DANIEL P SOKOLOFF			
	Name DANIEL P. SOKOLOFF, CPA, PA	of Person		
Firm/Company 715 E. HILLSBORO BLVD, 2ND FLOOR				
	Ad DEERFIELD BEACH, FL 33441	ldress		
	City/State a DSOKOLOFF@TAXSOFLA.COM	and Zip Code		
		future annual report notification)		
ror further informat	tion concerning this matter, please call:			
DANIEL P SOKO	at (954 360 - 8477		
N:		rea Code Daytime Telephone Number		
inclosed is a cheek	for the following amount:			
S25.00 Filing Fe	Certificate of Status Certif	Diffung Fee & S60.00 Filing Fee. Gettificate of Status & Certified Copy (additional copy is enclosed)		

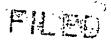
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliften Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LOTUS CONTROL, LLC

(Name of the Limited Liability Company as it now appears on our records) | 5 | 2 | 4 | (A Florida Limited Liability Company)

The Articles of Organization for this Limited I Florida document number <u>L19000100733</u>		any were filed on $\frac{0}{2}$	4/11/2019 - LANATÉ	and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited l	iability company he	ere:	
LOCUS CONTROL, LLC				
The new name must be distinguishable and contain the	words "Limited L	iability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
				
B. If amending the registered agent and registered agent and/or the new registered of	l/or_registered office address_l	l office address on <u>iere</u> :	our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flor	ida street address	
			. Florida	
		Cuy		Zıp Code
New Registered Agent's Signature, if changing	Registered Age	nt:		

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

Title	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	
			LI Atto
			□ Remove
	,		☐ Change
			□ Remove
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		***************************************	□ Remove
			Change
			Remove
			Change
		- 	□ Remove
			Change

1). ₋ 11 a8i 	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
Note:	tive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	Signal result from a authorized representative of a member
	Demvel Skoloffed Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00