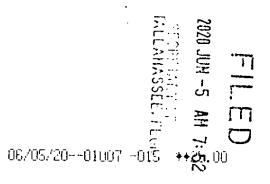
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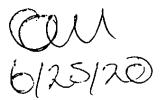
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(3.5) 3.5 3.5 3.5.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

Division of Corp	porations		
SUBJECT:	Fine Lotus 1 Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	_Amanda	De Leon Name of Person	
	-Fine Loke	s Bauty Ltc	
	5291 Imag	PES Cic Apt 3	306
	Kissimmee	FC 347400 City/State and Zip Code	
	mandee.de	e Leon O Mod / report notifi	COM cation)
For further information co	oncerning this matter, please ca	11:	
AMANGA J	De Leon Person	at (407) 553. Area Code Daytime	7/ Z Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fec & 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)

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Registration Section

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUN -5 AM 7: 52 iability Company as it now appears on our records.) FALLAHASSEE, FLOT ... The Articles of Organization for this Limited Liability Company were filed on Morr his 2020 and assigned Florida document number <u>L2000071029</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

w Registered Agent's Signature, if changing Registered Agent:

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

City

... 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
MGR	Amanda DeLeon	5291 images Cir. Opt306, Kissimmee, FL, 34746	DAT
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ctive date, effective date	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5.0201
e: If the dat	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ctive date on the Department of State's records.	ed as
	enve date on the pepartment of State's records.	
ord specifie	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
filed.		
τ		
:db:	ne 2nd . 2020.	
	$\mathcal{A}U/\mathcal{A}$	
	Signature of a feembor or guthorized representative of a member	
	Amanda De Leon	