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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

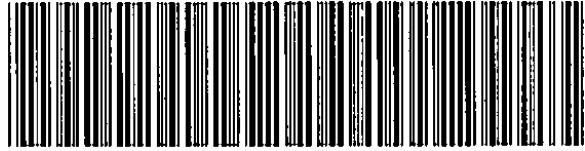
(Business Entity Name)

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Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2020

SHAWN MILLER  
1093 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080

SUBJECT: LOTUS LUXURY POOL & SPA, LLC  
Ref. Number: L20000225022

We have received your document for LOTUS LUXURY POOL & SPA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 820A00019608

# COVER LETTER

**Registration Section  
Division of Corporations**

Lotus Luxury Pool & Spa, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn K Miller

\_\_\_\_\_  
Name of Person

Lotus Luxury Pool & Spa, LLC

\_\_\_\_\_  
Firm/Company

1093 A1A Beach Blvd

# 539

\_\_\_\_\_  
Address

St. Augustine, FL 32080

\_\_\_\_\_  
City/State and Zip Code

shawkka@me.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn K Miller

305

395-0051

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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:**

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

## COVER LETTER FOR

JECT: \_\_\_\_\_  
Name of Limited Liability Company

**e return all correspondence concerning this matter to the following:**

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Name of Person

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Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

☒ \$25.00 Filing Fee
 ☐ \$30.00 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)

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

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

**If Changing Registered Agent, Signature of New Registered Agent**

**U = Manager**  
**UR = Authorized Member**

[illegible]

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

November 20, 2020  
dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Shawn K. Miller

Typed or printed name of signer