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COVER LETTER

TO:

Registration Section

Division of C	orporations		
LOTUS	& LILY BEAUTY BAR LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The analous definition	-6.4	tu ke en	
The enclosed Articles (of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MIGUEL A. CARRASCO)	
		Name of Person	
	EXCLUSIVE TAX SERV	ICES INC.	
		Firm/Company	
	722 PATRICK ST. SUITE	E 107	
		Address	
	KISSIMMEE, FL 34741		
	-	City/State and Zip Code	
	SOLUTIONS@EXCLUSIV	VETAXSERVICES.COM	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
SHAQAISHA N TEZI	NO	931 5388405 at ()	
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration S	ection
Division of (Corporations	Division of Co	orporations
P.O. Box 63	_ ·	The Centre of	
Tallahassee,	FL 34314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOTUS & LILY BEAUTY BAR LLC		HART	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000064657	were filed on 02/08/2021	and assigned;	
This amendment is submitted to amend the following:		_	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:	722 PATRICK ST SUITE 101		
Principal office address MUST BE A STREET ADDRESS) KISSIMMEE, FL. 34741 US			
	34741 US		
Enter new mailing address, if applicable:	3050 LA SPEZIA CIRCLE APT 116		
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL		
	34741 US		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name o	of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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
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ocur	nent's effective date	on the Departmen	nt of State's reco	rds.			
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