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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | porations | | | |
|-------------------------------|--|---|--|---------------|
| SUBJECT: | Red Lotus F Name of Limit | Enterprises LL ted Liability Company | <u>C </u> | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspo | ndence concerning this matter t | to the following: | | |
| | Antoine | Name of Person | <u></u> | |
| | | Firm/Company | | |
| | [8493 | Brielle Club | Dr | |
| | Tampa | ty/State and Zip Code | · | 2023 11411 24 |
| | | o be used for future annual report noti | | 2: |
| For further information c | oncerning this matter, please ca | dt: | | 70 |
| Antzir Name o | nette Apolon | at (<u>305</u>) <u>201</u> 0 — Daytim | -3820 in | 9: 19 |
| Enclosed is a check for the | ne 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 Sta Certified Copy (additional copy is en | tus & |
| Mailing Addres Registration S | | Street Address: Registration Sec | ction | |
| Division of C | orporations | Division of Cor | porations | |
| P.O. Box 632 | .7 | The Centre of T | allahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our recor | ds.) |
|---|---|--|
| The Articles of Organization for this Limited Liability Company w | ere filed on 8 11 20 | 21 and assigned |
| Florida document number <u>L210003010417</u> . | 1 1 | |
| This amendment is submitted to amend the following: | | |
| | ty company here: | |
| A. If amending name, enter the new name of the limited liability | ty company nere. | |
| The new name must be distinguishable and contain the words "Limited Liability | v Company," the designation "LL | .C" 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) | | · |
| | | - <u>vo</u> |
| | | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: | ldress on our records, <u>ente</u> | er the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addi | ress |
| | | Florida |
| | City | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, rovided for in Chapter 60. | and I am Jamiliar with and 5. F.S. Or, if this document is |

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

| <u>Title</u> | Name | Address | Type of Action |
|---|----------------|------------------------------------|----------------|
| AMBR | Sara Symonette | Painey 244 Rainey _ Jarrell, TX 71 | Drive DAdd |
| | | Jarrell, TX 70 | 2537 Remove |
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| ective date, if other than | n the date of filing | g: | | (opti | ional) |
| effective date is listed, the date: If the date inserted in the | | | | | |
| ument's effective date on t | | | | | |
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| cord specifies a delayed eff | fective date, but not | an effective tir | me, at 12:01 a.m. | on the earlier of: (b | o) The 90th day after th |
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| | Signature of a r | member or autilia | rized representative | of a member | ··· |
| | Signature of a r | member or autho | orized representative | of a member | ···· |