## 172000017628

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



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## COVER LETTER

| TO: Registration Section Division of Corporation |   |  |  |
|--|---|--|--|
| SUBJECT: <u>Red</u>                              | Lotus Flower                                    | r, LLC<br>ited Liability Company   |  |
| The enclosed Articles of Am                      | endment and fee(s) are sub-                     | mitted for filing.   |  |
| Please return all corresponde                    | ence concerning this matter                     | to the following:  |  |
|  | Eboni   | Name of Person   | ····   |
|  |   | N/A-<br>Firm/Company   |  |
|  | 536   | Hemingway (  | ` <del>/</del>   |
|  |   | Address  Florida 32720  City/State and Zip Code  Fil GGmail. Com to be used for future annual report notif |  |
| _  | ebonie myr                                      | til Ggmail. Com  |  |
| For further information cone                     |   |  | ication)   |
| Florie D   | ain   | at ( <u>396</u> ) <u>1785 4</u><br>Area Code Daytime   | -/44)<br>That North  |
| Name of Le                                       | 3011  | Area Code Daytime  | Tetephone Number   |
| inclosed is a check for the fe                   | ollowing amount:                                |  |  |
| ☑ \$25.00 Filing Fcc (                           | ☐ \$30.00 Filing Fee &<br>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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Red Lotus FI   | ower LLC  |
|--|---|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi   | mpany as it now appears on our records.) ted Liability Company)       |
| The Articles of Organization for this Limited Liability Comp. Florida document number $\underline{L22000012628}$ | any were filed on $01/05/2022$ and assigned                           |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited l   | iability company here:  |
| N.E. Enterprise, L.L. C The new name must be distinguishable and contain the words "Limited L                    | iability 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:<br>(Mailing address MAY BE A POST OFFICE BOX)                          | ,   |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  | ce address on our records, enter the name of the new registered       |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | Enter Florida street address  |
|  | , Florida   |

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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| ective date, if other the effective date is listed, the te: If the date inserted in cument's effective date o | date must be specific and<br>this block does not n | d cannot be prior to da<br>neet the applicable | ate of filing or more that statutory filing requ | ( <b>optional)</b><br>n 90 days after filing.) P<br>irements, this date wi | ursuant to 605.0207<br>Il not be listed as |
| cord specifies a delayed s filed.   | effective date, but not                            | , ал effective time,                           | at 12:01 a.m. on the                             | earlier of: (b) The 9  | 0th day after the                          |
| ed July   | 20   | , 2027.  |  |  |  |
|   | / II ~ #C^   |  | ,  |  |  |
|   | Signature of a r                                   | nember or authorized                           | d representative of a m                          | cmber  | <del></del>                                |