

L220000039772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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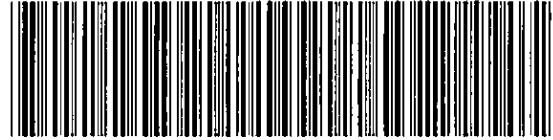
(Business Entity Name)

(Document Number)

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Y. SCOTT

OCT - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zen Consulting Solutions, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Barbara Aubay
Name of Person

Zen Consulting Solutions, LLC
Firm/Company

516 12th Ave NE Apt #15
Address

St. Pete, FL 33701
City/State and Zip Code

aubaybarbara@gmail.com
E-mail address* (to be used for future annual report notification)

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For further information concerning this matter, please call:

Barbara Aubay at (727) 244-8383
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Zen Consulting Solutions, LLC

(Same of the Limited Liability Company as it now appears on our records.)
(If Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1-20-2022 and assigned
Florida document number L22000039772

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lotus Natural Health, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

516 12th Ave NE

Apt #15

St. Pete, FL 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

516 12th Ave NE

Apt #15

St. Pete, FL 33701

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:

Barbara Aubrey

New Registered Office Address:

516 12th Ave NE Apt #15

Enter Florida street address

St. Pete

City

Florida

33701

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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(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.

Dated Sept 17 2023

Barbara Aubrey
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Barbara Curbin
Typed or printed name of signee

Typed or printed name of signee