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COVER LETTER

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Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	nted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VICKI TAYLOR			
		Name of Person		
	GEM INSURANCE LLC			
		Firm/Company		
	4131 SOUTHSIDE BLVI	STE 109		
		Address		
	JACKSONVILLE, FL 322			
		City/State and Zip Code		
	VICKI@GEMLNET	to be used for future annual report of		
		ŕ	offication)	
	concerning this matter, please c			
VICKI TAYLOR		904 724-3854 at ()		
Name o	d Person	Area Code Dayt	ime Felephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	•	
		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

	Or	ž. 2
LOTUS CONTRACTING LLC		2022 JUL -7 ALLXHASSE
(Name of the Limited Ciability (A Florid	ity Company as it now appears on our recorda Limited Liability Company)	$\frac{rds.}{c}$
		·
The Articles of Organization for this Limited Liability C	Company were filed on 06/08/2022	and assigned 2: 56
Florida document number L22000262454		95 12
	 ,	(1) 55
This amendment is submitted to amend the following:		₹, 0
g .		
A. If amending name, enter the new name of the lim	nited liability company here:	
<u> </u>	med manny company more	
The new name must be distinguishable and contain the words "Lin	nited Liability 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 ADDI	BECC)	
Trincipal office address MOST BE A STREET ADDI	KESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
brutang unitess STAT BLATOST OFFICE BOX		
B. If amending the registered agent and/or registered	d affice address on our records, anto	r the name of the navy registered
igent and/or the new registered office address here:	a office address on our records, ente	the name of the new registered
egent and or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
Inspired Office . Iddies.	Enter Florida street addre	788
		lorida
	Cip	Zip Codc

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>	Address	Type of Action
MGR	CHAD C ROMERO	15331 IONA LAKES DR FT MYERS, FL 33908	□Add
	,	·	□Remove
			□Add
			□Remove
			□Change
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If amending any other informa	tion, enter enang	e(s) nere: (Attach	additional sheets, if	necessary.)		
						
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannoted does not meet the	ot be prior to date of fili he applicable statutor	ng or more than 90 days ry filing requirements	after filing.) Pursu	ant to 605 of be liste	.0207 :d as
e record specifies a delayed effective ord is filed.	date, but not an ef	fective time, at 12:01	a.m. on the earlier o	f: (b) The 90th	day after	the
Dated	, 20:	22		5 7 8 9	28.5	7099 -7
PAUL EDU						== == -
	Signature of a membe	er or authorized represe	intative of a member	ŗ	' i ,-	-7 pr
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