## Laa000316449

(Requestor's Name)
(Address)
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(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Discourant Mountage)
(Document Number)
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J. HORNE
J. HORNE DEC - 7 2022
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co	•	•	
SUBJECT:	Name of Lir	nited Liability Company	estments LLC
	Amendment and fee(s) are sulpndence concerning this matter		
	Jesnine	Person	<u>.                                    </u>
	Iminite	Firm/Company	Investments W
	71031 Pine	FOR Drive	
	Desminero	City/State and Zip Code  1287 2001  to be used for future annual report notified.	fication)
For further information co	oncerning this matter, please co		
Name of	1 Vazavez Person	at (HO) Coo- Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address:	tion

Registration Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

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

(Name of the Limited Liability Company) it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 8 25	2027 and assigned
Florida document number	449	2022 .
This amendment is submitted to amend the following:		DEC TO
A. If amending name, enter the new name of the limit	ed liability company here:	6 7
Lotus Capi		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	<b>ن</b> 💆
Enter new principal offices address, if applicable:		7
(Principal office address MUST_BE A STREET ADDRE	ESS)	· ,
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
		lorida
	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 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
			□Remove
		<del></del>	□Change
			□Remove
			□ Change
			□Remove
			□Change
		-	
			□Remove
			□Change
			□ Add
			□Remove
<del></del>			
		<del></del>	□Remove
			□Change

(If an ef Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at £2:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	12/5 2022
	Jasmes Van
	Signature of a member or authorized representative of a member
	Signature of a member or authorized sepresentative of a member