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Fax Number : (850)617-6383

From:

Account Name : API PROCESSING

Account Number : 120110000069 Phone : (954)567-0013

Fax Number : (954)567-3401

ter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.**

Email address: annette @apiprocessing.com

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Page 20f 5 H2400220742

COVER LETTER

TO:	Reg Div	istration So ision of Cor	ction porations				
SUBJE	ict.	Lotus Roof	ing LLC				
50502		Name of Limited Liability Company					
The end	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return	all correspo	ndence concerning this matter	to the following:			
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A.	٠. ٠٠	1 -	Annette Mota				
				Name of Person		_	
			API Processing - Licensin	g, Inc.			
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		L	3419 Galt Ocean Drive Su	ite A			
				Address		_	
*			Fort Lauderdale FL 33308				
				City/State and Zip Code		_	
	•	· . •	annette@apiprocessing.com				
				to be used for future annual report	rt notification)		
For furt	her in		oncerning this matter, please of	all:			
Annette					13 x 12		
		Name of	Person	at () Area Code D	aytime Telephone Numbe	r	
Enclose	d is a	check for th	s following amount:				
≅ \$25	,00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fce & Certified Copy (additional copy is enclosed) Certified	ite of Status &	

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 N .

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H24000 220 742 Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

of KILEU 2:46 LOTUS ROOFING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/08/2023 Florida document number L23000070795 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LOTUS IV ROOFING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ė 129 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 11 Florida Oly 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

H24000220742

Page 4 of 5
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

-Title	<u>Name</u>	Address	Type of Action	
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			□ Remove	
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doo	ment's effective date on the Department of State's records.		
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Lihe record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after	the
~010 13	nicu.		
Date	Jun 26, 2024		
·	Rohart Curlou		
	Robert Curley (Jun 26, 2024 13:48 EDT)		
	Signature of a member or authorized representative or	a member	

Filing Fee: \$25.00

ROBERT K CURLEY

Typed or printed name of signee