123000194284

(Requestor's Name)
(Address)
(Address)
(1.001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Lotuz RC&	· ·Q LLC		
SUBJECT:		ed Liability Company	
m	A section and function or makes	site of far filing	
	Amendment and fec(s) are subm		
Please return all correspondence	ondence concerning this matter to	o the following:	
	Cheryl Williams		_
		Name of Person	
	LOTUZ RC&Q LLC		
		Firm/Company	
	1801 SANDY CREEK LAN	NE STE 200	
		Address	
	ORLANDO FL 32826		
		City/State and Zip Code	<u></u>
	weinthist@gmail.com		
	E-mail address: (to	o be used for future annual report noti-	lication)
For further information of	concerning this matter, please ca	11;	
Cheryl Williams		407 4974111	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
	Corporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 CCT 13 AM 7:53

LOTUZ RC&Q LLC	, i ,	20 H
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on	and assigned
Florida document number L23000194284		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," 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:		
Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ss on our records, enter the na	me of the new registo
Name of New Registered Agent:		
New Registered Office Address:	E-t- Elouido atmost address	
New Registered Office Address:	Enter Florida street address Florida	

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>	Name	Address	Type of Action
MGR	RONDELL WILLIAMS	4455 S TEXAS AVE, ORLANDO FL 32839	□Add
			≣Remove
			[]Change
			□Add
			□Remove
			□Change
			[] Add
			□Remove
			[]Change
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			□Change
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			□ Remove
			Change

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	<u></u>
,	
	04/19/2023
Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	d 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
rd is f	led.
	SEPTEMBER 14 2023
Dated	
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