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COVER LETTER

TO: Registration Section of Corp	orations	•		
LOTUS IMP				
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	MOUSTAFA AHMED			
		Name of Person		•
	LOTUS IMPORTS LLC			2 0
		Firm/Company		73 SI FCR TAIL
	8012 EMERALD WINDS	CIRCLE	_	2023 SEP 18 SECRETARY
		Address		
	BOYNTON BEACH, FL.	33473		- Asis 型 - Mar 0
		City/State and Zip Code		· 19 · 19
	MOUSTAFA_DBA@HOT	MAIL.COM to be used for future annual report noti	fication)	in -
			,	
	oncerning this matter, please of			
MOUSTAFA AHMED		561 403-7295 at ()	ne Telephone Numbe	
Name o	f Person	Area Code Daytin	se Telephone Numbe	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee	
Tallahassee.		2415 N. Monro	oe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOTUS IMPO	ORTS LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears lability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company of Storida document number		£10£10023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi			~2
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the	abbreviation J.L.C."
Enter new principal offices address, if applicable:	6338 Lantana Rd		SET 1
(Principal office address MUST BE A STREET ADDRESS)	STE 52-53		
Principal office address wost in 19	Lake Worth, FL	33463	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			11 9 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		t state also
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e perjormance oj neovidad for in (Chapter 605, F.S.	Or, if this document is

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>	Name	Address	Type of Action
MBR	ELSAYED SALEH	9356 KETAY CIRCLE	🗆 Add
		BOCA RATON, FL 33428	Remove
			🗆 🗅 Add
			🗆 Remove
			□Change
			2021Add
		(),	S B S S S S S S S S S S S S S S S S S S
			DAdd
			Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change

(If an effective date is listed, the date must be specific and cannot be prior of date on the Note: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 ord is filed. Dated September 8 2023 Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00