



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (954)791-2100
Fax Number : (954)583-4117

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOTUS FLORIST LLC

Certificate of Status	0
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2023 AUG 29 AM 2:28

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 29 PM 3:55

H23000292649

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOTUS FLORIST LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lirim Jacobi

Name of Person

Firm/Company

3730 N OCEAN DRIVE, SUITE 16A

Address

RIVIERA BEACH, FL 33404

City/State and Zip Code

Lj@tribg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lirim Jacobi

756

300-8000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

H23000292649

H23000292649
H23000292649 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCO TELLAKI	1100 N FLORIDA MANGO ROAD	<input checked="" type="checkbox"/> Add
		SUITE F	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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