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12/85/23--01010--022 **25.00

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LOTUS	LIVING, LC Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	.jordan De	SANTS Name of Person	
	Lotus Livi	NG LLC. Firm/Company	
	3174 EAVY K	ennedy Rd Address	
	Crestriew For Lotustiving Cl	232539 City/State and Zip Code CAMS (O) AMOUL. Code used for future annual report no	
For further information cor	neerning this matter, please ca	ill:	
JUY dry Name of I	DeSantis erson	at (<u>710</u>) <u>375</u> - Area Code Dayti	1705 me 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 coddmonal copy is enclosed)
34 (11)			

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

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

LONS LIVING, 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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 address on our records, <u>enter the name of the new registere</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida Cit: Zip Cale
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 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
MGR	Britany North	6365 Sunnyside Dr.	🗆 Add
	· ·	Milton, FL 32570	
			\(\sum_\) Change
MGR	JURDAN DESANTIS	3174 Earl Kennedy Rd	
		Crestien, Fr 32539	□Remove
			□Change
			⊡Remove
			□ Change
			□Add
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Note: If the	date, if other than the date is listed, the date inserted in this seffective date on the	hist be specific and c block does not me	annot be prior to date of the applicable si	of filing or more than:	(optional) O days after filing) Pursu ements, this date will n	ant to 605.0207 (of be listed as ti
rd is filed.				12:01 a.m. on the ea	nrlier of: (b) The 90th	day after the
i	1th of Nove	mber.	2023			
Dated		_				
Dated	Jordan Re	Appentus Signature of a me	mber or authorized r	epresentative of a men	aber .	