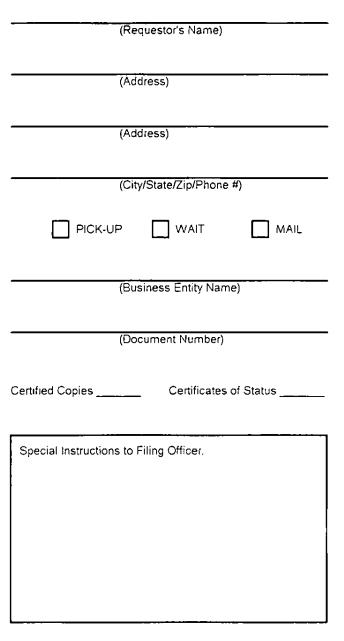
## 23 000 536 994

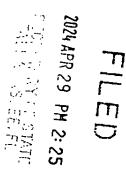






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## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Hot Tub Prescription LL	C	•		
30bite1	Name of Lir	nited Liability Company			
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.			
Please return all cor	respondence concerning this matte	r to the following:			
		Alexandre Prandecki			
		Name of Person			
		Firm/Company			
	2009 1st /	Avenue East, Bradenton, Fl	_ 34208		
	Bradenton	ı, FL 34208			
		City/State and Zip Code	<del></del>		
	info@	LotaRX.com			
		(to be used for future annual report not	ification)		
For further informa	tion concerning this matter, please				
	dre Prandecki	at (702 ) 376-46			
N	ame of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check	for the following amount:				
☐ \$25.00 Filing F	Fee ☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations		Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee			
P.O. Box Tallahas	see, FL 32314		pe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hot Tub Prescription	in LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appear I Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on _	12/04/2023	and assigned
lorida document number L23000536994			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company h	<u>iere</u> :	
LOTARX LLC			
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the	designation "LLC" or the ab	breviation "L.L.C."
inter new principal offices address, if applicable:			20 <b>2</b>
Principal office address MUST BE A STREET ADDRESS)		۶ <b>۰</b> 	
		)	29
		ان ان ان	اللا ق 🚉
nter new mailing address, if applicable:			1 <b>,</b>
Mailing address MAY BE A POST OFFICE BOX)		-1 	25
			<del></del>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our	records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	7: 6 1
	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	3307 Evergreen Way, 707 155	Type of Action
MGR	Greg Buchan		Washougal, WA 98671	<b>⊠</b> Add
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				□Change
				🗆 Add
		<del></del>		□Remove
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(If an effe	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated_	Maril 24, 2024.  Allowante summer of a member of a member
	ALEXANDRE PRANDECKI