L23000553757

(Requestor's Name)	
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COVER LETTER

SUBJECT:	LOTUSMIN	IDFLOW COUNSELING LLC		
SUBJECT:	<u> </u>	Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	ı all correspor	ndence concerning this matter t	to the following:	
		Becky Romero		
			Name of Person	
			Firm/Company	ation) Gelephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		255 S Orange Avenue, Suit		
			Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	-
		becky.romero@outlook.com	ı	
		E-mail address; (to	o be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	11:	
Becky Rome			407 501-8889 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

FILED

LOTUSMINDFLOW COUNSELING LLC

2024 APR -1 pu 3: 17

(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 Lia Florida document number L23000553757	ability Company	were filed on $\frac{12/15/20}{}$	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	255 S Orange Avenue	
(Principal office address MUST BE A STREET ADDRI		Suite 104 #1851	
		Orlando, FL 32801	
Enter new mailing address, if applicable:		255 S Orange Avenue	
(Mailing address MAY BE A POST OFFICE I	8 <i>0X</i>)	Suite 104 #1851	
	- 4 ,	Orlando, FL 32801	
B. If amending the registered agent and/or reagent and/or the new registered office address. Name of New Registered Agent:		address on our record	s, enter the name of the new registered
New Registered Office Address:	255 S Orange A	venue, Suite 104 #1851	
- togother - 1 day - 1	Enter Florida street address		
	ORLANDO		, Florida 32801 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete stered agent as p egistered office	performance of my de provided for in Chapte	uties, and I am familiar with and er 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>	<u>Name</u>	Address	Type of Action
AMBR	BECKY ROMERO	255 S Orange Avenue, Suite 104 #1851	□Add
		ORLANDO, FL 32801	□Remove
			\ 🚍 Change
			□ Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
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Fective date, if other than the date of filing: (optional) (opti				· · · · · · · · · · · · · · · · · · ·	
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