P16000065832

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Julid

COVER LETTER

TO: Amendment Section Division of Corporations

LOTUS CONSULTING LOTUS	TING SERVICES, INC.	
DOCUMENT NUMBER: P16000065832		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
SOHINII KHANNA		
	Name of Contact Pers	on
1959 SAXON DR	Firm/ Company	
FEASTERVILLE, PA 19053	Address	·
	City/ State and Zip Co	de
SURAJIT.KHANNA@GMAIL.CO	DM .	
E-mail address: (to be us	sed for future annual repo	rt notification)
For further information concerning this matter, please	se call:	
SOHINII KHANNA	714 at (
Name of Contact Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida De	partment of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis Clifte	et Address Indiment Section It is in a contraction of Corporations It is in Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOTUS CONSULTING SERVICES, INC.

(Name of Corporation as currently filed with the Florid P16000065832	<u>a Dept. of State</u>)		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> its Articles of Incorporation:	tion adopts the fol	llowing amendn	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The ne	2112
name must be distinguishable and contain the word "corporation," "company," or "i. "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional eword "chartered," "professional association," or the abbreviation "P.A."	ncorporated" or a corporation name of	the abbreviation must contain ti	nı Te
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETA TALLAHA	16 SEP
		SSEE, FLO	-8 AM 8
D. <u>If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:</u>	ne name of the		8: 52
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address:	, Florida		
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obli-	gations of the posi	tion.	
Signature of New Registered Agent if char	aino		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	SURAJIT KHANNA	354 Keltner Ct
X Add			Spring Hill, FL 34609
Remove			
2) Change	P	RICK SAGA	101 Convention Center Dr
Add			Suite 1150
X Remove			Las vegas, NV 89109
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amendin	ng or adding additional Articles, enter change(s) here:
(Attach add	litional sheets, if necessary). (Be specific)
1	
·	
•	
ü	
·	
. <u>If an amen</u>	dment provides for an exchange, reclassification, or cancellation of issued shares,
provisions	s for implementing the amendment if not contained in the amendment itself: tapplicable, indicate N/A)
(ij noi	appricable, maicale way

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
Energie date a apparente.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocoument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(vining group)	
The amendment(s) was/were adoption was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
08/24/2016		
Dated		
Signature <u>6</u>	linii Khama.	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
S	OHINII KHANNA	
-	(Typed or printed name of person signing)	
1	PRESIDENT AND INCORPORATOR	
-	(Title of person signing)	

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