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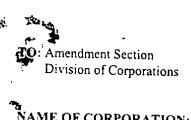
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COVER LETTER



NAME OF CORP	ORATION: LOTUS VENTU	RE INC	
	MBER: P17000100913		
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
	EVEL MORISSET		
	LOTUS VENTURE INC	Name of Contact Perso	on
	1560 NE 205TH TERRACE	Firm/ Company #402	
	MIAMI FL 33179	Address	
		City/ State and Zip Coo	de
lotu	sventureinc@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call;	
EVEL MORISSET		786 	356-6102
Namo	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 Filing Fee & 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)
Am Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

LOTUS VENTURE INC

(Name	of Corporation as current	ly filed with the Florida	2019 JAH	PH 2: 39
P17000100913			SECRET H	2. 39
	(Document Number o	f Corporation (if known)	TALE/ A.S	SEE, FI
Pursuant to the provisions of section 60's Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporatio	on adopts the fol	lowing amendment(s
If amending name, enter the new r	name of the corporation:			
ame must be distinguishable and co Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associ			orporated" or t poration name r	The new he abbreviation nust contain the
Enter new principal office address	, if applicable:	N/A		
Principal office address MUST BE AS	STREET ADDRESS)		<u> </u>	
				
Enter new mailing address, if app	icable:	N/A		
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)			
				- <u>-</u> -
If amending the registered agent an	ıd/or registered office addr	ess in Florida enter the		
new registered agent and/or the ne	w registered office address:	cas in 1 torida, enter the	uame of the	
Name of New Registered Agent	N/A			
	(Florida stre	et address)	<u> </u>	
New Registered Office Address:	N/A	•		
negistrea Office Address.		(City)	, Florida	City C. 1.
	,		•	(Zip Code)
w Registered Agent's Signature, if c	hanging Registered Agent:			
ereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligat	ions of the positi	on.
	Signature of New Re	gistered Agent, if changin	g	

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>	Name	Address
1) Change	<u>P</u>	MELISSA BONILLA	1560 NE 205TH TERRACE
Add			#402
X Remove			MIAMI FL 33179
2) Change	P —	EVEL MORISSET	1560 NE 205TH TERRACE
X Add			#402
Remove			MIAMI FL 33179
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	l sheets, if necessary	y. (De specific)				
						
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100000000000000000000000000000000000000	provides for an ex- nplementing the an cable, indicate N/A)	change, reclassifi nendment if not c	cation, or cance ontained in the a	llation of issued amendment itsel	shares, f:	
						-
			-	-		
						

The date of each amendment(s	01/10/2019	
date this document was signed.) adoption:	_, if other than the
- 0	1/10/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will : Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by <u>N/A</u>	were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
01/10/20	19	
Dated		
Signature	Cis	
30100	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	•
	MELISSA BONILLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	