

4100005708

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000018313 3)))



H1700001831333ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 JAN 19 AM 10:40

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LOLA USA, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 20 2017

S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOLA USA, 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 07/26/2011 and assigned Florida document number L11000085708

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 8000 NW 31 STREET STE 3 DORAL, FL. 33122

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 8000 NW 31 STREET STE 3 DORAL, FL. 33122

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ZALCBERG-WEISZ, NICOLAS

New Registered Office Address: 8000 NW 31 STREET STE 3

Enter Florida street address

DORAL Florida 33122 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 Changing Registered Agent, Signature of New Registered Agent

FILED SECRETARY OF STATE FALL ARBESSEL, FLORIDA 17 JAN 19 AM 10:44

H17000017813

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

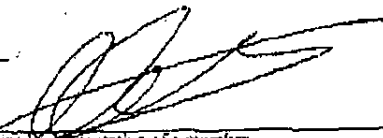
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BLOMBERG, CARLOS A.	8000 NW 31 STREET STE 3 DORAL, FL. 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	BLANDO-BLOMBERG, BEATRIZ I	8000 NW 31 STREET STE 3 DORAL, FL. 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	BLOMBERG, PAOLA B.	8000 NW 31 STREET STE 3 DORAL, FL. 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ZALCBERG-WEISZ, NICOLAS	8000 NW 31 STREET STE 3 DORAL, FL. 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 JAN 18 AM 10:43
 AN ID: 428

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 17 2017



Signature of a member or authorized representative of a member

ZALCBERG-WEISZ, NICOLAS

Typed or printed name of signee

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 JAN 19 AM 10:40