

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L1500006837

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

From:  
 Account Name : LOLA HOLDINGS CORPORATION  
 Account Number : 120090000034  
 Phone : (954)782-3610  
 Fax Number : (954)366-3239

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

Email Address: \_\_\_\_\_

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**LGX INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LGX INVESTMENTS 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 02/12/2015 and assigned  
Florida document number L15000026837

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

*Enter Florida street address*

Florida

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

65

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MCR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MATHEUS W. GERONASSO	4816 CAY VIEW AVENUE., #304	<input type="checkbox"/> Add
		BUILDING 11 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCIA DE FATIMA GERONA:	4816 CAY VIEW AVENUE., #304	<input type="checkbox"/> Add
		BUILDING 11 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAHALA M GERONASSO	4816 CAY VIEW AVENUE., #304	<input type="checkbox"/> Add
		BUILDING 11 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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