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

Certificate of Status	0
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Page Count	04
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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

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL. 33122

Enter new mailing address, if applicable:

8000 NW 31 STREET STE 3

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL. 33122

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

City

Florida 33122

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

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	<input type="checkbox"/> Add
		DORAL, FL. 33122	<input checked="" type="checkbox"/> Remove
AMBR	BLANDO-BLOMBERG, BEATRIZ I.	8000 NW 31 STREET STE 3	<input type="checkbox"/> Add
		DORAL, FL. 33122	<input checked="" type="checkbox"/> Remove
AMBR	BLOMBERG, PAOLA B.	8000 NW 31 STREET STE 3	<input type="checkbox"/> Add
		DORAL, FL. 33122	<input checked="" type="checkbox"/> Remove
MGR	ZALCBERG-WEISZ, NICOLAS	8000 NW 31 STREET STE 3	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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

ZALCBORG-WEISZ, NICOLAS

Typed or printed name of signer

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