

**L13000161976**

Florida Department of State  
Division of Corporations  
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H210003725283ABC/

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

From: Account Name : LOLA HOLDINGS CORPORATION  
Account Number : I20090000034  
Phone : (954)782-3610  
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**\*\*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  
GOLDEN WINE LLC**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 6 2021  
S. PRATHER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(11 HZ100037 2528 3))

2021 OCT -5 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\_\_\_\_\_  
(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 GOLDEN WINE LLC

Florida document number Li3000161976

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:

2108 S CYPRESS BEND DR #404

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH, FL 33069

Enter new mailing address, if applicable:

2108 S CYPRESS BEND DR #404

(Mailing address MAY BE A POST OFFICE BOX)

POMPANO BEACH, FL 33069

**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**



((H2100037 2528 3)))

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 1ST 2021

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

RONALDO A SOUZA

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA