7/6/2017

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170001764213)))



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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 : (954)366-3239 Fax Number

Enter the email accress 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 **MF 600 LLC**

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Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

S. WARREN

JUL 0 7 2017

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COVER LETTER

TO: Registration Se Division of Cor			
MF 600 LL			
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	DAIANE GONCALVES F	ERNANDES	
		Name of Person	
	MF 600 LLC		
		Firm/Company	
	600 NE 119 ST		
		Address	·
	BISCAYNE PARK, FL 33	8161	
		City/State and Zip Code	
	ALEOPATRY@HOTMAIL	COM so be used for future annual report notific	cation)
			,
For further information	concerning this matter, please co	ail:	
ALEXANDRE OPATR	MY	786 6080674 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H17000176421 311)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MF 000 LLC	24 man annuare on our records ?		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000177427		and assigned	
The second secon			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L,C."	
	600 NE 119 ST		
Enter new principal offices address, if applicable:	BISCAYNE PARK, FL 3316!		
(Principal office address MUST BE A STREET ADDRESS)			
	•		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Name of New Registered Agent:	<u>e</u> :		
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 age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. (m Jamiliar with ana Or, if this document is	
		1	
If Ch:	anging Registered Agent, <u>Signature of New</u>	Registered Agent	
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Page	1 of 3	## 2 5	
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	Name	Address	Type of Action
MGRM	FERNANDES, DAIANE GONCAI	600 NE 119 ST	Add
		BISCAYNE PARK, FL 3316:	Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
		<u> </u>	Change
			Add —
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fective date, if other than the one offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department's	ck does not meet the applicat	o date of filing or more than 90 ole statutory filing requires	(optional) Odays after filing.) Purments, this date will	suant to 605.020 not be listed a
record specifies a delayed The 90th day after the reco	effective date, but not ord is filed.	an effective time, at	12:01 a.m. on	the earlier (
JANUARY, 27	2017		 D►11.	<u> </u>
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Ü	olkuarnie or a memoer or granor	aree representative or a mem	ber Life	9 E
		ANE GONCALVES	*	

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Filing Fee: \$25.00