5/17/2019

## epartment of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : # (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : I20090000034 : 単 (954)782-3610 Phone : 甲 (954)366-3239 Fax Number

\*\*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 FICK PRIME SERVICES, LLC

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

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MAY 20 2019

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FICK PRIME SERVICES, LLC		
(Name of the Limited Liabile (A Florida	ty Company as it sow appears on our records a Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability C	Company were filed on 07/20/2016	and assigned
Florida document number L16000134934	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>		27
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		b. 2 7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on our recorded dress here:	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street addres	75
	,FI	orida
	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

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>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	DIONEY M PORTES	420 SE 2ND AVE	
AMBR			Add
		APT B5	
			Remove
		DEERFIELD BEACH, FL 33441	
			☐ Change
	DIONEI M PORTES	420 SE 2ND AVE	
AMBR	2.02		Add
		APT B5	
			☐ Remove
		DEERFIELD BEACH, FL 33441	
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Page 3 of 3

Filing Fee: \$25.00