Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001245163)))



H170001245163ABC

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Doing so will generate another cover sheet.

To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6383	ZX =
From:			FQ
	Account Name	: LOLA HOLDINGS CORPORATION	至治
	Account Number	: I20090000034	37
	Phone	: (954)782-3610 Ab	- 25年
	Fax Number	: (954)366-3239	EE C
			- PS
**Enter	the email addres	s for this business entity to be used	
		ngs. Enter only one email address plea	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MSA HOUSES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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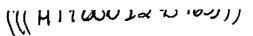
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSA HOUSES, LLC.		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as It now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L17000061390	Company were filed on 03/16/2017	and assigned
•	·	:
This amendment is submitted to amend the following:	,,1,	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	sited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
;		
•	1	
Enter new mailing address, if applicable:	·	· .
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		FO ?
i de la companya de		当所 甚 上 协
B. If amending the registered agent and/or regis	tered office address on our records, en	ter the name of the new
registered agent and/or the new registered office add		<u> </u>
in the second se		9F S
Name of New Registered Agent:		
		* 2
New Registered Office Address:	Enter Florida street address	<u>></u> ≥ 20
	Profite Profite Mires address	
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



☐ Change

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	<u>Address</u>	Type of Action
MGR	_	ALEXANDRE C. SALES	17301 BISCAYNE BLVD APT 12	🖨 Add
			AVENTURA, FL 33160	□ Remove
				☐ Change
	_			Add
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		***************************************	155	
: If the date inserted in thi	the date of filing: must be specific and cannot be prior to a block does not meet the applicable Department of State's records.	date of filing or more than 90 days	optional) safter filing.) Pursuant to 605.0207 (s, this date will not be listed as the	
ecord specifies a dela e 90th day after the	yed effective date, but not a record is filed.	en effective time, at 12:	01 a.m. on the earlier of:	
MAY 05	2017		·	•
	Signature of a member or authorize	ed representative of a member		
AMBR				

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