

6/13/2017

Division of Corporations

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Florida Department of State
Division of Corporations
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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
Fax Number : (954)366-3239

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: helen@thesmarttax.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AIC INSURANCE CONSULTING LLC**

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|-----------------------|---------|
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AIC INSURANCE CONSULTING 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 04/11/2017 and assigned
Florida document number L17000082672.

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 "LLC."

Enter new principal offices address, if applicable:

23006 SANDALFOOT PLAZA DRIVE

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33428

Enter new mailing address, if applicable:

23006 SANDALFOOT PLAZA DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33428

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:

SANDRA ARRUDA

New Registered Office Address:

23006 SANDALFOOT PLAZA DRIVE

Enter Florida street address

BOCA RATON

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

((MIRNA AGUIAR)))

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> | <u>Type of Action</u> |
|--------------|--------------|------------------------|---|
| AR | MIRNA AGUIAR | 9310 SW 61ST WAY APT C | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33428 | <input type="checkbox"/> Remove |
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