

# L17000101585

Division of Corporations  
Florida Department of State  
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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 future annual report mailings. Enter only one email address please.\*\***

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OTTO TRADE AND CONSULTING LLC

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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> | <u>Name</u>              | <u>Address</u>       | <u>Type of Action</u>                   |
|--------------|--------------------------|----------------------|---|
| AMBR         | CATHEA MARIA DE OLIVEIRA | 4301 NW 12TH TERRACE | <input checked="" type="checkbox"/> Add |
|              |                          | POMPANO BEACH, FL    | <input type="checkbox"/> Remove         |
|              |                          | 33064                | <input type="checkbox"/> Change         |
|              |                          |                      | <input type="checkbox"/> Add            |
|              |                          |                      | <input type="checkbox"/> Remove         |
|              |                          |                      | <input type="checkbox"/> Change         |
|              |                          |                      | <input type="checkbox"/> Add            |
|              |                          |                      | <input type="checkbox"/> Remove         |
|              |                          |                      | <input type="checkbox"/> Change         |
|              |                          |                      | <input type="checkbox"/> Add            |
|              |                          |                      | <input type="checkbox"/> Remove         |
|              |                          |                      | <input type="checkbox"/> Change         |
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|              |                          |                      | <input type="checkbox"/> Remove         |
|              |                          |                      | <input type="checkbox"/> Change         |
|              |                          |                      | <input type="checkbox"/> Add            |
|              |                          |                      | <input type="checkbox"/> Remove         |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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(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)
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Dated JUNE 28TH, 2018

Handwritten signature of Alyson Luvizotto

Signature of a member or authorized representative of a member

ALYSON LUVIZOTTO

Typed or printed name of signer

Vertical stamp: 2018 JUL 18 AM 11:54