7/18/2018

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Division of Corporations Electronic Filing Cover Sheet

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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.

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

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Electronic Filing Menu

Corporate Filing Menu

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JUL 18 2018

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OTTO TRADE AND CONSULTING LLC				
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number L17000101585			and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company." the design	eation "LLC" or the	abbreviation "L."	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		. 2	
	<u></u>			· · ·
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			= =	(
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on or here:	ır records, <u>ent</u>	er the name	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
		, Florida		
	Cin		Zip Code	,
New Registered Agent's Signature, If changing Registered Ag	zent:			

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

Title	<u>Name</u>	Address	Type of Action
AMBR	CATHEA MARIA DE OLIVEIRA	4301 NW 12TH TERRACE	⊟ Add
		POMPANO BEACH, FL	□ Remove
		33064	Change
		·	□ Add
	,		Remove
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	ve date is listed, the date must be specific and he date inserted in this block does not m 's effective date on the Department of St	set me applicable arecers, many	requirements, this da	te will not be listed t
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