1/2/2019

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 : 120090000034

Fax Number

: (954)782-3610 : (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.

| Email | Address: | |
|-------|----------|--|
| FWGII | Address: | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIG BOSS GROUP, LLC.

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

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Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BIG BOSS GROUP, LLC | | | | _ |
|---|-------------------------------------|--|----------------------------------|--------------|
| (Name of the Limited | Liability Company Florida Limited U | ny as it now appears on lability Company) | gur records.) | |
| The Articles of Organization for this Limited Lia Florida document number L17000178217 | bility Company | were filed on <u>08/21/2</u> | 017 and | assigned |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| F & H ACCOUNTING, LLC. | _ | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabi | Ety Company," the design | nation "LLC" or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applicable: | | 7650 WHISPER W. | AY#402 | , |
| Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRE | | KISSIMMEE, FL 3 | 4747 71.7% | |
| Trineput office undiress migo | | | | 3 |
| Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX) | | 7650 WHISPER W | | 2 |
| B. If amending the registered agent and/or the new registered of | or registered o | office address on or | ur records, enter the na | me of the ne |
| Name of New Registered Agent: | HELEN DOR | NELLAS | | |
| - | 7650 WHISPE | ER WAY # 402 | | |
| New Registered Office Address: | | Enter Florida | street address | |
| | KISSIMMEE | | , Florida 34747 | |
| | | Ciņ | Zip (| Inde |
| | | | | |

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

((() 414 COOOD 15 56 2111

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> | Address | Type of Action |
|--------------|-----------------------|-------------------------|----------------|
| | FERNANDA LOLA | 535 E SAMPLE RD | |
| AMBR | _ | | |
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| AMBR | ADONA, R DOIG ED 2110 | | |
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| Tective date, if other to an effective date is listed, the ote: If the date inserted becament's effective date | in this block dod | s not meet | тие аррисаци | late of filing or r | ore than 90 da ng requiremen | (optional vs after filin ts, this dat |) g.) Pursuant e will not b | to 605.02 be listed |
| e record specifies a The 90th day after | delayed effec the record is | tive date filed. | , but not a | n effective | time, at 12 | :01 a.m | . on the | earlier |
| ated JANUARY 02 | J. E. | , <u>2</u> | 019 | | | | | |
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