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COVER LETTER

Division of Corp			
SUBJECT: WO	LOLO LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	EDISON J	AVIER CARDEN	45.
		Name of Person	
		Firm/Company	
	564 WOODE	STE CIR	
		Address	
	JUNRISE	FL 33326. City/State and Zip Code Caleon @ HOTM	
	Tailes C	City/State and Zip Code	1:1 6
	E-mail address: (i	to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	ali:	
JAVIER	CARDENAS	at (954) 237 Area Code Daytime	933.2
Name of I	'erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

157 NT ON 17 \$ 35

Registration Section Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

any as it now appears on our re Liability Company) y were filed on	
y were filed on <u>12/19</u>	/20/8 and assigned
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H/A	
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N/A.	_ on
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address on our records, <u>er</u>	nter the name of the new regis
_	
Enter Florida street a	idress
	, Florida
-	ility Company," the designation '

WNNN

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
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			Fichers

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
te: If the date inserted in this block does not meet the applicable statutory file	
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day at
is filed.	
ted 7/14/2021/	
ieu	7
///x nor de	,
Signature of a member or authorized representati	<u>/</u>

Filing Fee: \$25.00