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	Registration Se Division of Cor			
SUBJEC		JZ USA LLC		
SUDJEC.	T:		ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		JOSE DA GAMA		
			Name of Person	
			Firm/Company	2019
		1650 DIPLOMAT DRIVE		۸Р۱ F 2019 APR
		NORTH MIAMI BEACH	Address FL 33179	HOVE
		joseadagama@gmail.com	City/State and Zip Code	
			to be used for future annual report notification)	
For furthe	er information co	oncerning this matter, please c	al):	
JOSE DA	A GAMA		786 397-9885	
	Name of	l Person	Area Code Daytime Telephone	Number
Enclosed	is a check for th	e following amount:		
□ \$25.0 ⁴	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C radditional copy is enclosed) C	50.00 Filing Fee. Pertificate of Status & Pertified Copy additional copy is enclosed)
		NG ADDRESS:	STREET/COURIER ADDR	UESS:
	Divisio	ation Section n of Corporations	Registration Section Division of Corporations	
	P.O. Be Tallaha	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

• ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOLA CRUZ USA LLC

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(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 <u>03/20/2019</u> and assigned Florida document number <u>119000077876</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOLA SHOES USA LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	E.a. H. i.I.	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street ad	
	City	, Florida 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

701 S Miami Ave Store 313, Miami, FL 33131

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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

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<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
		<u> </u>	Remove
			Change
			Add
		<u> </u>	23 Remove
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	:		Remove
			Change

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E. Effective date, if other than the date of filing: _______(optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

April 3rd ted	2019	
	City -	
	Augnature of a member or authorized representative of a member	
Jose da Gama	Mangaor	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00