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(((H210003725103)))



H210003725103ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : 120090000034 : (954)782-3610 Phone : (954)366-3239 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Ema	il	Address:	
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ARTICLES OF AMENDMENT (((HZ1000372510 3))) TO ARTICLES OF ORGANIZATION OF

HECLAU REP. INTERNATIONAL	•						
(Name of the Limit	ed Liability Compa (A Florida Limited)	ary as it now appears on our records.) Liability Company)					
The Articles of Organization for this-Limited Li	ability Company	were filed on 04/22/2019	and assigned				
Florida document number L19000109525	·						
This amendment is submitted to amend the folk	įwiņg:						
A. If amending name, enter the new name of	the limited ligh	ility company here:					
The new name must be distinguishable and contain the w	ords "Limited Liabil	tity Company," the designation "LLC" o	r the abbreviation "L.L.C."				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		535 E SAMPLE RD					
		POMPANO BEACH, FL 33064					
Enter new mailing address, if applicable:		535 E SAMPLE RD					
(Mailing address MAY BE A POST OFFICE BOX)		POMPANO BEACH, FL 33064					
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office 2 3 here:	address on our records, <u>enter th</u>	e name of the new registered				
Name of New Registered Agent:	CLAUDIR DA	GUIA N DOS SANTOS					
New Registered Office Address:	S35:E SAMPLE		ASS F				
	POMPANO BE	Enter Florida street address	33064 ₹				
	FUNIFAINO BE	Gity , Florid	ia 33064 Z				
New Registered Apent's Signature, if changing R	egistered Agent:	•	23				

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.

Ucusch la G. V. If Changing Registered Agent, Signature of New Registered Agent

(11 H2100037 2510 311)

□ Change

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> Address. Type of Action $\square Add$ □Remove Change **U**Remove Change \Box Add □Remove ☐: Change $\square \Lambda dd$ Remove □ Remove ∐Change

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