

L19000109525

Florida Department of State
Division of Corporations
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((H21000372510 3)))



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To:
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.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HECLAU REP. INTERNATIONAL, LLC.

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

2021 OCT -5 PM 3:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
2021 OCT -5 AM 11:22
TALLAHASSEE, FLORIDA

VH

ARTICLES OF AMENDMENT ((11421000372510 3)))
TO
ARTICLES OF ORGANIZATION
OF

HECLAU-REP. INTERNATIONAL, LLC.

(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 04/22/2019 and assigned Florida document number L19000109525

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

535 E SAMPLE RD

(Principal office address MUST BE A STREET ADDRESS)

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 registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CLAUDIR DA GUIA N DOS SANTOS

New Registered Office Address:

535 E SAMPLE RD

Enter Florida street address

POMPANO BEACH

City

Florida

33064

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.

Claudir da G. Santos
If Changing Registered Agent, Signature of New Registered Agent

FILED
2021 OCT - 9 AM 10:23
TALLAHASSEE
OFFICE OF
STATE
CLERK

((H2100037 2510 3))

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

