7/23/2019

lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000220902 3)))



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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 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.

Ema11	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LTCH INVESTIMENTS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19 000 220902 3))) .

LTCH INVESTIMENTS, LLC		
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L19000177012</u> .	any were filed on 07/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iebility company here:	
LTCH INVESIMENTS, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable:		10 to 11
(Mailing address MAY BE A POST OFFICE BOX)		26
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>kere</u> :	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	City , F 10	Zip Code

New Repistered 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H1900220902 3)))

MGR = Manager AMBR = Authorized Member		W 1 1 1 1 1 2 2 2 3		
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the record specifies a delayed effi The 90th day after the record	fective date, but no is filed.	t an effective tlm	e, at 12:01 a.m.	. on the e	arlier of:
July 22ND	2019	•			
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