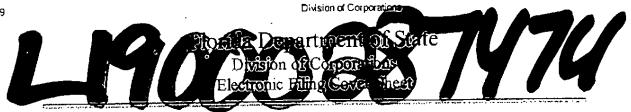
12/9/2019



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(((H19000355022 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : I20090000034 : (954)782-3610 : (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.

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(((H19000355022 3))) ARTICLES OF AMENDMENT TO FILED . **OF** 2019 DEC -9 P 1 54

ARTICLES OF ORGANIZATION PHS CAPITAL LLC (Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FLORIDA and assigned Florida document number L19000287474 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: (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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H19000355022 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	ALINE M DO CARMO REZEND E	535 E SAMPLE RD, POMPANO BEACH, FL 3306-	\$ □Add
			■Remove
			Change
MBR	FLAVIA S GARCES MARTINS	535 E SAMPLE RD, POMPANO BEACH, FL 3306	4 ≣Add
			□Remove
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