

10/28/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000374808 3)))



H200003748083ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES  
Account Number : I20180000072  
Phone : (305)820-3200  
Fax Number : (305)820-2998

\*\*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  
LOLA STORE # 116 LLC

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

RECEIVED

2020 OCT 28 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 OCT 28 AM 11:28

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 28 2020

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LOLA STORE # 116 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 08/17/2020 and assigned  
Florida document number L20000251548

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:

MAIKEL FUENTES SOUTO

New Registered Office Address:

Enter Florida street address

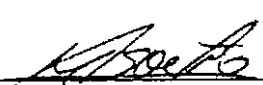
Florida

City

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

H200003748083

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>
MGR	MAIKEL FUENTES SOUTO	11211 NW 60 CT	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 OCT 28 AM 11:28  
 FILED  
 CLERK OF DISTRICT COURT  
 MIAMI, FLORIDA

H 2000003748083

2020 OCT 28 AM 11:28  
S. COUNTY OF GEORGIA  
ATTORNEY GENERAL

FILED  
2020 OCT 28 AM 11:28  
U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA  
SAN FRANCISCO, CALIF.

**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.

Dated 10/28/20

MAIKEL FUENTES SOUTO

Typed or printed name of signee

H200003748083

**Filing Fee: \$25.00**