9/20/22, 1:41 PM

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ಘ

Account Name : LOLA HOLDINGS CORPORATION

Account Number : 120090000034 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:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 11935 NW 37TH ST LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT ((( H 22 000 32 57 07 TO ARTICLES OF ORGANIZATION OF

11935 NW 37TH ST LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited )	inv as it now appears on our recor Liability Company)	<u>ds.</u> )			
The Articles of Organization for this Limited I	Liability Company	were filed on 06/15/2021	and assigned			
Florida document number L21000278867	··					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLe	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	2891 N. FEDERAL HWY				
Principal office address MUST BE A STRE	ET ADDRESS)	POMPANO BEACH, FL 33064				
Enter new mailing address, if applicable:		2891 N. FEDERAL HWY				
Mailing address MAY BE A POST OFFICE	E BOX)	POMPANO BEACH, FL 33064				
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>ente</u>	022 :E C:			
Name of New Registered Agent:	CLAUDINEI E	BANHOS SENHORETI	SEP 20			
New Registered Office Address:	2891 N. FEDE	RAL HWY	P CAS			
		Enter Florida street addre	35 4 65 C			
	POMPANO BE	EACH, F	lorida <sup>33064</sup> ယ			
		Cin.	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(II H22 000 3757 07 311)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SIDNEY ARAUJO JUNIOR	12088 NW 69TH CT	
		PARKLAND, FL 33076	=Remove
			□Change
MGR	CLAUDINEI B. SENHORETI	2891 N. FEDERAL HWY	<b>=</b> Add
		POMPANO BEACH, FL 33064	□Remove
			Change
			□Add
			П Remove
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Effective date	, if other than the	date of filin	g:		•	(antional)	
Note: It the da	, if other than the e is listed, the date must te inserted in this blo ective date on the De	ock does not n	neet the applic	able statutory fil	more than 90 day ing requirement	s after filing.) Pursus s, this date will no	ant to 605,0207 of be listed as
e record specific rd is filed.	es a delayed effective	: date, but not	an effective t	ime, at 12:01 a.m	on the earlier	of: (b) The 90th	day after the
SEPTEN	MBER 19TH		2022				
	···	;	· — //				
			13-1-11				

Typed or printed name of signee