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(((H210003796043)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRAND IMPERIAL QUARTZ GRANITE & MARBLE LLC

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## ARTICLES OF AMENDMENT TO (((HZ1000379604 3))) ARTICLES OF ORGANIZATION OF

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limit	ANITE & MARBLE LLC and Limbillty Company as it now appears of A Florida Limited Liability Company)	n our records.)	· -	
ne Articles of Organization for this Limited Li	ability Company were filed on 09/09	/2021	and a	ssign <b>e</b> d
orida document number L21000400019	·			
nis amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liability company here	<u>;</u> ;		
ne new name must be distinguishable and contain the w	vords "Limited Liability Company," the des	ignation "LLC" or the	abbreviation '	L.L.C."
nter new principal offices address, if applic				
Principal office address MUST BE A STREE	T ADDRESS)			
and the second s				
inter new mailing address, if applicable:	PO33			
Mailing address MAY BE A POST OFFICE	<u> </u>			
3. If amending the registered agent and/or	registered office address on our re-	cords, <u>enter the na</u>	ime of the i	iew regist
gent and/or the new registered office addre	JUARES PEREIRA NETO	t <sub>2</sub>	<b>* =</b> }	)# <u>#</u>
Name of New Registered Agent:			, , ,	200
New Registered Office Address:	917 SW LONGFELLOW RD  Enter Flori	da street address	C	<u> </u>
	PORT ST LUCIE	, Florida		ILEO 20 P
	Cią:	, , i lot luu	Zip Co	de
New Registered Agent's Signature, if changing			TATE ORUĐ	
hereby accept the appointment as register	ed agent and agree to act in this c per and complete performance of	apacity. I further	agree to co m familiar Or, if this d	mply with with and

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

((1) 21000 37 96 04 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR _	JUARES PEREIRA NETO	917 SW LONGFELLOW RD	⊡Add
		PORT ST LUCIE, FL 34953	□Remove
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