Division of Corporations

9/20/22, 1:23 PM

Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : 120090000034 Phone : (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.\*\*

Email:	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 12088 NW 69TH CT PARKLAND LLC

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Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

((1 H22 000 325661 3)))

12088 NW 69TH CT PARKLAND	LLC				
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)			
The Articles of Organization for this Limited Life Florida document number L21000505287	iability Company	were filed on 11/29/2021	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
		or a management of the first of the	e obbreviation "L.L.C."		
The new name must be distinguishable and contain the v	vords "Limited Liabil		to addicitation proces.		
Enter new principal offices address, if applic	able:	2891 N. FEDERAL HWY			
(Principal office address MUST BE A STREE		POMPANO BEACH, FL 33064			
Enter new mailing address, if applicable:		2891 N. FEDERAL HWY			
(Mailing address MAY BE A POST OFFICE BOX)		POMPANO BEACH, FL 33064			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ess here:	address on our records, enter the	name of the new registered		
Name of New Registered Agent:	CLAUDINELI	BANHOS SENHORETI	Z SEP		
New Registered Office Address:	2891 N. FEDE		20 F/P		
	POMPANO B	Enter Florida street address  EACH Florid	33064 R DOX		
	101111100	City , Florid:	Zip Çêde		

## 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: (11 H22000 325661 3))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SIDNEY ARAUJO JUNIOR	17111 BISCAYNE BLVD #2001	□Add
		NORTH MIAMI BEACH, FL 33160	■Removė
			∩Change
MGR	CLAUDINEI B. SENHORETI	2891 N. FEDERAL HWY	
		POMPANO BEACH, FL 33064	□Remove
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If an effective data	is listed, the date must be te inserted in this block	specific and can	mot be prior to date	of filing or more the	an 90 days after i	$\overline{\text{iling.}}$ ) Pursuant to $605.02$
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