

h22000043295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

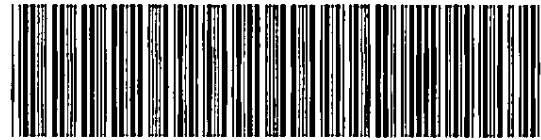
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 19 PM 4:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOLA FUSION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHERINE CAICEDO

Name of Person

Firm/Company

8249 NW 36 TH ST, STE 212

Address

DORAL, FL 33166

City/State and Zip Code

KMLMULTISERVICESCORP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE CAICEDO

786 5373766

at ()

Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent



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>
P	JOSE AURELIO BUITRAGO VII	14514 ORCHID ISLAND DRIVE, ORLANDO FLOR	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	ELIZABETH DEL CARMEN RIN	14514 ORCHID ISLAND DRIVE, ORLANDO FLOR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE LUIS BUITRAGO VILLAL	14514 ORCHID ISLAND DRIVE, ORLANDO FLOR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2022 Feb 19 PM 1:28
[Signature]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/14, 2022

[Handwritten signature]


Signature of a member or authorized representative of a member

JOSE AURELIO BUTRAGO VILLALOBOS

Typed or printed name of signee

Filing Fee: \$25.00

Signature:


Date: 2013-12-14 20:21:33 AST

Email: joseabuitragov@gmail.com