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Name of Lin	nited Liability Company		
Amendment and fee(s) are sul	omitted for filing.		
ndence 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		
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e following amount:			
□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
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orporations	Division of Corpo	orations	
7 1. 32314			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOLA FUSION LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	inv as it now appears on our records Liability Company)	(,
The Articles of Organization for this Limited I Florida document number L22000043295	Jiability Company	were filed on 01/24/2022	and assigned
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 Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	14514 ORCHID ISLAND DRIV	VE. ORLANDO FLORIDA 32 69 77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· RON)	SAME	
many manes, and the state of th	<u> 150. ty</u>		
B. If amending the registered agent and/or	registered office a	address on our records, enter t	he name of the new registered
agent and/or the new registered office addre	ess here:		တ်
Name of New Registered Agent:	KATHERINE O	CAICEDO	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	8249 NW 36TH ST. STE 212		150 CO
		Enter Florida street address	
	DORAL	. Flor	rida ³³¹⁶⁶

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Car

If Changing Registered Agent, Signature of New Registered Agent

Zip Code



If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	JOSE AURELIO BUITRAGO VIL	14514 ORCHID ISLAND DRIVE, ORLANDO FLOI	₹ _ □Add
			_ □Remove
			_ @Change
VP	ELIZABETH DEL CARMEN RIN	14514 ORCHID ISLAND DRIVE, ORLANDO FLOI	₹ _ ■Add
			_ □Remove
			_ 🗆 Change
AMBR	JOSE LUIS BUITRAGO VILLAD	14514 ORCHIÐ ISLAND DRIVE, ORLANDO FLOI	₹ _ □Add
			_ ■Remove
			_ □Change
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d	12/14	2022	·					•
		7) 7AB						
 	Signature of a m	ember or a	uthorized	representati	ve of a men	iber		

Filing Fee: \$25.00

Signature: Just Just 100

Email: joseabuitragov@gmail.com