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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 LOLA 41 RESTAURANT NAPLES LLC

Certificate of Status	0
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K. SALY

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2023 NOV 20 PH 3: 52
PALLAHASSEL FLORID,

## LOLA 41 RESTAURANT NAPLES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on06	5/21/2022	and assigned
Florida document numberL22000280430			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	;	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City		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:

→ 18506176383

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	COELHO, MARCO	1105 DIXIE HWY	🗆 Add
		West Palm Beach, FL 33401	<b>∑</b> Remove
			☐ Change
Authorized Representative	Mark Daley	1105 N Dixie Hwy	X]Add
		West Palm Beach, FL 33401	□Remove
			□ Change
			□Add
			□Remove
			Sila Ti
			Asset Carrier
			STEEL
			□Remove
		·	□Change
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			E) al

If amer	nding any other information	n, enter change(s	i) here: (Attac	ch additional s	heets, if necess	sary.)	
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Dated_	November 20	. 202	:3				
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	Caitlin Lazarus, Atto	•	or printed name o	<i>C</i>			_

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