Florida Department of Sta

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : I20090000034 : (954)782-3610 Phone 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:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MRM FOREVER LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help 449 08 2022

COVER LETTER

	Registration Sec Division of Corp			
	MRM FORE	VER LLC		
SUBJEC	JT:	Name of Limit	ed Liability Company	
The encl	ased Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn ali correspor	dence concerning this matter t	the following:	
		RENATA ALCANTARA		
			Name of Person	
		ACCOUNTING PLUS PRO	DFESSIONAL SERVICES, INC	
			Firm/Company	······································
		10850 MOORE DR		
			Address	
		PARKLAND, FL 33076		
			City/State and Zip Code	
		RENATAALC@HOTMAII		
		E-mail address: (o be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please co	dl:	
RENAT	TA ALCANTAR	A.	954 9131520 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for the	e following amount:		T
宣 \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of CP:O. Box 63: Tallahassee,	Section Co rp orations 27	Street Address: Registration Se Division of Cou The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	led Liability Commonly as R'anic amberes on our rec (A Riorida Cimited Liability Camputy)	
he Articles of Organization for this Limited L	inbility Company were filed on 07/11/2022	and assigned
Inrida dossiment number 122000308234		
his amendinent is submitted to amend the foll	lowing:	
If amending name, enter the new name o		
••		The section of the se
he new meno must be distinguishable and contain the	words "Limited Lisbility Company." the designation "	LLC of the aborevation "L.L."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	The state of the s	
Enter new mailing address, if applicable:		The state of the s
Mailing address MAY BE A POST OPFICE	E BOX)	
B. If amending the registered agent and/or	registered office address on our records.	nter the name of the new last
egent and/or the new registered office addr	ess here)	~~ · , , · ••
	A A CANADA CONTRACTOR OF THE SA	AUG.
Name of New Registered Agent	MARCELO PINA DE OLIVEIRA	ुं र ज
New Registered Office Address:	19432 PRESERVE DRIVE Enter Florida street	- Drong
	BOCA RATON	Florida 33498
	• •	
New Registered Arent's Siegesture, il changing la hereby accept the appointment as registed		. Liberthan arms to romaly wit
f ?	red agent and agree to act in this capacity	es, and I am familiar with and 605 P.S. Or, if this document

If Changing Registered by the Sporture 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>	Address	Type of Action
AMBR	MARCELO PINA DE OLIVEIRA	19432 PRESERVE DRIVE - BOCA RATON	⊡Add
		FL 33498	□Remove
AMBR	ROBERTA CRUS PINA DE OLIVEIRA	19432 PRESERVE DRIVE - BOCA RATON	□Add
		FL 33498	Remove
			置Change
			□Add
			Remove
			@Change
			🗆 Add
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