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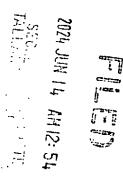
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

LOLAN LI	.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SAVAS SAVAS		
		Name of Person	
		Firm/Company	
	1402 SOUTH DIXIE HIG		
		Address	
	LANTANA, FL 33462		
	info@lolanrugs.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
SAVAS SAVAS		954 647 1269 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	=	Division of Co The Centre of	
Tallahassee, i			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOLAN LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1.22000360710	pany were filed on 08/16/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>207</b>
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	
	•	American Street, September 1997
Enter new mailing address, if applicable:		To g & b
(Mailing address MAY BE A POST OFFICE BOX)		- <del> </del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	la
- <del></del>		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SAVAS SAVAS	1402 SOUTH DIXIE HIGHWAY 1505	<b>=</b> Add
		LANTANA. FL 33462	□ Remove
			□ Change
AMBR	DOGA SAVAS	1402 SOUTH DIXIE HIGHWAY 1505	□Add
		LANTANA, FL 33462	<b>≡</b> Remove
			Change
			🗀 Add
			□Remove
			□Change
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