1/4/23, 11:51 AM

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230000036113)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : I20090000034 Phone : (954)782-3610

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. **

imai l	Address:		
MOTE	MUUI Gaa.		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RCZ CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge \$25	

JAN 05 2023 A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H2300003611 3))) OF

RCZ CONSULTING , LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/16/2022	and assigned
lorida document number 1.22000527172	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
RCZ CONSULTING SERVICES, LLC		~
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" of	r the abbreviation 156.C."
inter new principal offices address, if applicable:		A 2.
Principal office address MUST BE A STREET ADD	RESS)	1 5 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		 .
If amending the registered agent and/or registere gent and/or the new registered office address here:		e name of the new register
gent andor the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida straat address	-
	, Flori	da
	Cuy	Zsp 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 Changing Registered Agent Signature of New Registered Agent

_____ □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:

(((423000036113)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			⊡Add
			□Remove
			Change
			□Add
			\(\backsquare \text{Remove}
			□Change
			□Add
		-	□Remove
			□Change
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			□ Rетюче
			⊡Change
			□ Remove
			——————————————————————————————————————
			□Remove

(((H2300000 36113)))

			
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			2027 JAN
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ctive date, if other than the dat	e of filing:	(optio	nal)
e: If the date inserted in this block ament's effective date on the Depar	does not meet the applicable s	statutory filing requirements, this	date will not be listed
ament a enective date on the Depar	differ of State 9 1000rds.		
cord specifies a delayed effective da	te, but not an effective time, a	t \$2:01 a.m. on the earlier of: (b)	The 90th day after th
filed.			
JANUARY 4th	2023		
	OK.		
	nature of a member or authorized		

Filing Fee: \$25.00