P14000028496

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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(Bı	ısiness Entity Nam	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: LOLAS USA, CORP. DOCUMENT NUMBER: 7140000 28496.	<u></u>
DOCUMENT NUMBER: 77 100 005 110.	· · ·
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARTA B. FIGUEROA Name of Contact Person	on
Firm/ Company	
3874 NE 167th 85	
3874 NE 167th ST North Mioni Blach F	il 33167.
City/ State and Zip Cod	le
MARTA BERRONDO @ GMd E-mail address: (to be used for future annual repor	iL. COM
For further information concerning this matter, please call:	
11 + 1.	
Monta Figueroa a1 305	
Name of Contact Person Area C	ode & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Dep	partment of State:
\$35 Filing Fcc	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	t Address
	dment Section
	on of Corporations n Building
	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment



Articles of Incorporation	1/
LOLAS USA, CORP.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
7 140000 28486.	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

must be distinguishable and contain to p.," "Inc.," or Co.," or the designation "chartered," "professional association,"	"Corp." "Inc," or "Co". A		
nter new principal office address, if app cipal office address <u>MUST BE A STREE</u>			
ipui ojjitee uuuress <u>siiosi beritorikee</u>	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
nter new mailing address, if applicable	•		
Mailing address <u>MAY BE A POST OFFI</u>			
failing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	lorida, enter the	e name of the
failing address <u>MAY BE A POST OFFI</u> amending the registered agent and/or r	CE BOX)	lorida, enter the	e name of the
failing address <u>MAY BE A POST OFFI</u> amending the registered agent and/or r	CE BOX)	lorida, enter the	e name of the
Mailing address MAY BE A POST OFFI amending the registered agent and/or rew registered agent and/or the new regi	CE BOX) registered office address in I		e name of the
Mailing address MAY BE A POST OFFI amending the registered agent and/or rewell and/or rewell and/or the new registered agent agent and/or the new registered agent a	CE BOX)		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	una ban	y omin, or as an raa.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
(Check (Me)	<u>S</u>	MARTA B. FIGUEROA	3874 NE 167th ST +7 North Migmi Blach
Add			North Migmi Black
Remove			Fl 33160.
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	-
w	
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: UNE 06th 2014 (no more than 90 days after amendment file date)	, if other than the
Effective date if applicable: UNE 06th 2014 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated JUNE, 06th 2014	
Dated JUNE, 06th 2014 Signature /////////////////	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ANDREA F. NUNEZ (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
TNCOR PORATOR / PRE Sident (Title of person signing)	
(Title of person signing)	