

P15000003501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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J. HORNE
OCT 20 2022

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2022 OCT 14 PM 4:28

ALLAHASSER, FILM

FILED

2022 OCT 19 AM 8:41

SEC. REGISTRY UNIT
ALLAHASSER, FILM

QWIK COURIER

850-284-4584

PLB LAW

407-758-6100

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER

PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER EURIBIA des CERRUD II Esq.

Lola RWM, Inc

P15000003501

Qwik Courier

Please see Attached that
has been Revised.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2022

EURIBIADES CERRUD II, ESQ.
14938 HARTFORD RUN DRIVE
ORLANDO, FL 32828 US

SUBJECT: LOLA RWM INC
Ref. Number: P15000003501

2022 OCT 19 PM 3:17

10/19/22

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 122A00023168

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOLA RWM, INC.

DOCUMENT NUMBER: P15000003501

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EURIBIADES CERRUD II, ESQ.
Name of Contact Person
THE PCB FIRM, P.A.
Firm/ Company
14938 HARTFORD RUN DRIVE
Address
ORLANDO, FLORIDA 32828
City/ State and Zip Code
PCBLAW@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EURIBIADES CERRUD II, ESQ. at (407) 758-6100
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

LOLA RWM, INC.

2022 OCT 19 AM 8:41

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000003501

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

10911 FOX WOOD COMMERCE DRIVE

NEW PORT RICHEY, FLORIDA 34655

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

15103 VIRGINIA STATION

APT. 317

ODESSA, FLORIDA 33556

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent THE PCB FIRM, P.A.

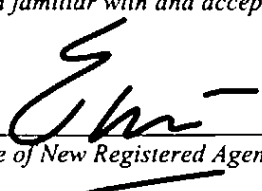
14938 HARTFORD RUN DRIVE

(Florida street address)

New Registered Office Address: ORLANDO, Florida 32828
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>P</u>	<u>ROBERTO MEJILL-TELLADO</u>	<u>11147 FULTON AVENUE</u>
<u> </u> Add			<u>WEEKI WACHEE, FL</u>
<u>X</u> Remove			<u>34613</u>
2) <u> </u> Change	<u>P,S,T</u>	<u>LORAINNE Y. GONZALEZ OLIVE</u>	<u>15103 VIRGINIA STATION</u>
<u>X</u> Add			<u>APT, 317</u>
<u> </u> Remove			<u>ODESSA, FLORIDA 33556</u>
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

OCTOBER 12, 2022

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

OCTOBER 18, 2022
Dated _____

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)

LORAINNE Y. GONZALEZ OLIVERAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)