P170008553

(Requestor's Name)			
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone	: #)	
PICK-UP	MAIT	MAIL	
(Bu	ısiness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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R WHITE



COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: LOL ATTIRE CORP			
DOCUMENT NUMBE	D17000028553		
The enclosed Articles of	"Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
L	IANETXIS SEXTO		
		Name of Contact	Person
L	OL ATTIRE CORP		
<u></u>	<u> </u>	Firm/ Compa	ny
5:	881 SW 164TH CT	•	Ţ
_		Address	
N	11AMI, FL 33193		
_		City/ State and Zi	Code
LOLAT	TIRECORP@GMAIL.COM	4	
	E-mail address: (to be us		report notification)
For further information of	concerning this matter, pleas	e call:	
LIANETXIS SEXTO		786	7973277
Name of	Contact Person		rea Code & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida	a Department of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)	Certificate of Status
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 wassee, FL 32314	; []	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2018

LIANETXIS SEXTO 5881 SW 164TH CT MIAMI, FL 33193

SUBJECT: LOL ATTIRE CORP Ref. Number: P17000028553

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Rebekah White Regulatory Specialist II

Letter Number: 018A00002462

18 HAR LL PH 2: II



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2017

LIANETXIS SEXTO 5881 SW 164TH CT MIAMI, FL 33193

SUBJECT: LOL ATTIRE CORP Ref. Number: P17000028553

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

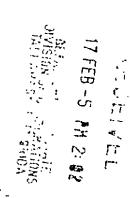
An officer/director must sign authorizing the adoption of amendment(pg 4 of 4).

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.

Rebekah White Regulatory Specialist II

Letter Number: 317A00023360



Articles of Amendment Articles of Incorporation

18 MAR 14 AM 8: 44

LOL ATTIRE (ORP
(Name of Corporation as currently fi	led with the Florida Dept. of State)
P17000028553	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	prida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address <u>, if applicable:</u>	
(Mailing address MAY BE A POST OFFICE BOX)	
- -	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Lantite	Sexto
<u> </u>	SW 164 CT
(Florida street)	aldress)
New Registered Office Address: (Ci	, Florida 50 75 (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 antigations of the position.

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be notea	and/or D , if necess rector titl President = Chief i r, Directo in the fo	Director being added: sary) the by the first letter of the office title: at; T= Treasurer; S= Secretary; D= E Financial Officer. If an officer/direct tor would be PTD. ollowing manner. Currently John Doe corporation, Sally Smith is named the	irector: TR= Trustee; C = Chairman or Clerk; CEO = Chief or holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ODISA GAMEZ	5881 SW 164TH CT
Add			MIAMI, FL 33193
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)	
NIX	
	
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F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained i	cancellation of issued shares, h the amendment itself:
(if not applicable, indicate N/A)	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
11) / / / /	
	<u> </u>
·	
· · · · · · · · · · · · · · · · · · ·	

The date of each amoundments	Andrian '	ic at a thurst
The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days a	fter amendment file date)
	is block does not meet the applicable state. Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number e sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through vot for each voting group entitled to vote sep	
"The number of votes of	ast for the amendment(s) was/were suffici	ent for approval
by	(voting group)	
	(voing group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without	shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without share	eholder action and shareholder
OCTOI Dated	BER 25, 2017	Dinihas
Signature		- Flerray
sele	a director, president or other officer – if detected, by an incorporator – if in the hands cointed fiduciary by that fiduciary)	
	LIANETXIS SEXTO	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person	signing)
	·]	