Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000210266 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : 120090000034 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. **?

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MACIEL FLORIDA FLOORS CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

A RAMSEY

Electronic Filing Menu

Corporate Filing Menu

Help

Check if applicable

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

111 HZZ 0002107 GG 3)))

Articles of Amendment to Articles of Incorporation of

2022 JUN 17 PM 12 16

MACIEL FLORIDA FLOORS CORP (Name of Corporation as currently filed with the Florida Dept. of State) P22000032016 (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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: , Florida 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

(1(HZZ000210Z66 3)))

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.

X Change	PŢ	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	VP	PAULO FERREIRA	484 NW 165TH ST RD		
X Add			APT A614		
Remove			MIAMI, FL 33169		
2) Change		<u> </u>	-		
Add		•			
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove			<u> </u>		

PAGE 04/05 (((H22000 210 266 3)))

f amending or addir Attach <i>additional she</i>	ets, if necessary).	(Be specific)			
					
					
 				- -	
				·	
				<u> </u>	<u> </u>
		. <u> </u>			<u> </u>

	<u>,</u>	 			
					_
an amendment pro	vides for an exchan	ige, reclassificati	on, or cancellati	on of issued charge	
rovisions for imple (if not applicable	menung the amend	ment if not cont	ined in the ame	ndment itself:	3
(іј ног аррисаоце	, indicate N/A)				
					
	 	· · · · · · · · · · · · · · · · · · ·			
					
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of d action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficie	nt for approval
by	n
(voting group)	
JUNE 16TH 2022	
Dated	
Signature	
(By a director, president or other officer – if dir	ectors 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	′/ •
ED MACIEL	
(Typed or printed name of p	erson signing)
PRESIDENT	·
(Title of person signing)	