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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050

: (727)298-8007

Phone Fax Number

: (305)397-0980

Enterithe email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: filings@usacorporationservices.com

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From: Luis Grilla

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 2 of 5

2/2/2024 13:30

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Company as it i (A Florida Limited Liability)	low appears on our records.) Company)
	led on 07/22/2021 and assigned
Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Emer Florida street address	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	207 S.E.
	D
Enter new mailing address, if applicable:	905
(Mailing address MAY BE A POST OFFICE BOX)	
	n= :
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Regimered Office Address.	Enter Florida street address
·	Zip Code
	nance of my duties, and I am familiar with and d for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Luis Gello

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 3 of 5

2/2/2024 13:30

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SILVEYRA, PABLO ALBERTO	BULNES 1497	🖸 Add
		EL PALOMAR, BUENOS AIRES 1685 AR	⊠Remove
			□Change
			□Add
			□ Remove
			□Add
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			□Change
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			Remove
			□Change
			□Add
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			Change

To:

If amending	g any other information, er	nter change(s) here: (Att	ach additional sheets	, if necessary:)	
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Note: If the o	te, if other than the date of late is listed, the date must be spee date inserted in this block doe ffective date on the Departme	s not meet the applicable sta	of filing or more than 90 d atutory filing requireme	_(optional) ays after filing.) Pursuant to 6 nts, this date will not be li	05.0207 (3 sted as th
he record speci ord is filed.	ifies a delayed effective date, b	out not an effective time, at	12:01 a.m. on the earlie	er of: (b) The 90th day af	ter the
Dated	February 02				
		Diamante	. Hector		
_	Signatur	re of a member or authorized re			
		DIAMANTE,	HECTOR		
		Typed or printed name			