

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)298-8007
Fax Number : (305)397-0980

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

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RECEIVED
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DIVISION OF CORPORATIONS
COMMERCIAL
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEL SOL FLORIDA, LLC

Certificate of Status	0
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2024 MAY 15 PM 2:25
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STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEL SOL FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/14/2022 and assigned Florida document number 122000158313.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1900 N Bayshore Dr Suite 1A #136-2518

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida, 33132

Enter new mailing address, if applicable:

1900 N Bayshore Dr Suite 1A #136-2518

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida, 33132

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:

LUPA ENTERPRISES INC

New Registered Office Address:

100 SE 2ND STREET SUITE 2000

Enter Florida street address

MIAMI

Florida

33132

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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