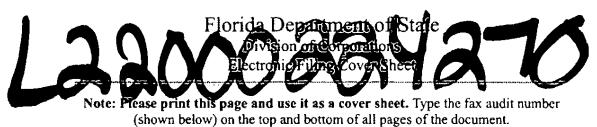
From Lupa Enterprices Inc 1.727.914.5090 Thu Nov 3 17:15:11 2022 UTC Page 1 of 4 3/11/22, 14:13 Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (727)298-8007 Phone Fax Number : (727)914-5090

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

Email Address: info@usacorporationservices.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BTV TRAVEL SERVICE LLC

Certificate of Status	0
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T. LEMIEUX

NOV 04 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

BTV TR	AVEL SERVICE LLO		
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears ida Linuted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	05/24/2022	_ and assigned
Florida document numberL22000224270	<u>.</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>t</u> :	
BTV TRAV	EL SERVICES LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or register agent and/or the new registered office address here		ords, <u>enter the name (</u>	of the new registered
<del></del>	•		
Name of New Registered Agent:			
N. D. i.e. 100 A.H.		¥55	_
New Registered Office Address:	Enter Florid	a street address	2322
		F71 a	<u> </u>
	Cuy	, Florida	Zip Code
New Registered Agent's Signature, if changing Registe	•	, Florida	Zip Code   C

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>	Name CARMEN PATRICIA	Address 3531 HARLEQUIN DR,	Type of Action
MGR	MARTINEZ	SAINT CLOUD, FL 34772	VAdd
			Change
<del></del>			
			□Remove
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			□ Change
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			□Remove
			Change
			□Remove
			Change

D Ifama	ending any other information, enter change(s) here: (Attach addinonal sheets, if necessary.)	
D. 11 anie	and mg any other finormation, enter thangers) here. (Ander dutinional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing:	(3)(b) t <b>he</b>
If the record record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.	
Dated	November 3 2022	
	Maria Cugania Banadatti Signature of a member or nuthorized representative of a member	
	MARIA EUGENIA BENEDETTI Typed or printed name of signee	

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