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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 : (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.\*\*

Email Address: filings@usacorporationservices.com

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| •  |                                       |           |              |
|--|---------------------------------------|-----------|--------------|
| KRAFT INDUSTRIES 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  | and a                                 | ssigne    | 1            |
| Florida document number <u>L22000449141</u>  |                                       |           |              |
| 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:  | <del></del>                           |           |              |
| (Principal office address MUST BE A STREET ADDRESS)  |                                       |           |              |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                 |                                       |           | ·            |
|  |                                       |           |              |
| B. If amending the registered agent and/or registered office address on our records, enter the na                    | me of the n                           | ew reg    | iste         |
| ngent and/or the new registered office address here:   | <i>"=</i> /                           | 2623      |              |
| Name of New Registered Agent:  |                                       | 7.        |              |
|  |                                       | ار<br>د ک |              |
| New Registered Office Address:  Enter Florida street address   | · · · · · · · · · · · · · · · · · · · |           | <del>-</del> |
| 17 Louis da  |                                       | 7.1       | (            |
| , Florida  | Zip Code                              | , =:      |              |
| New Registered Agent's Signature, if changing Registered Agent:  | _                                     | ហ         |              |
|  |                                       |           |              |

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 diales, 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>                 | Address   | Type of Action |
|---|-----------------------------|---|----------------|
| <u>MGRM</u>                             | David Sebastian Lopez Gomez | Tte, 2do Ezequiel Solis entre<br>Dr. Juan Boggino y Haydee, | <b>⊠</b> Add   |
|   |                             | Santa María, Asunción, Paraguay<br>001312                   | С/Яенюус       |
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| ). If amend                     | ing any other informa   | tion, enter change(s) here:   | (Attach additional sheets, if necess   | eary:)                                  |
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| (If an effective Note: If the   | ve date is listed, the date mus<br>he date inserted in this blo | date of filing: the specific and cannot be prior to ook does not meet the applicable epartment of State's records | (option<br>date of filing or more than 90 days after fit<br>le statutory filing requirements, this d | ing.) Pursuant to 605 0207 (3)(E        |
| the record sp<br>cord is filed. |   | e date, but not an effective tink   | e, at 12:01 a.m. on the earlier of: (b)  | The 90th day after the                  |
| Dated                           | Aug 18  | . 2023  |  |   |
|                                 |   | Florencia Tr  | oche Amarilla  |   |
|                                 |   | FLORENCIA TR  | OCHE AMARILLA  |   |

From Luciana Mordini 1.727.914.5090 Mon Aug 21 16:57:11 2023 UTC Page 4 of 4

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