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FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LET	
TO: Registration Section Division of Corporations	2017 DE
SUBJECT: Luptin LLC Name of Limited Liability Company	DEC 27 M 2: 8:
The enclosed Articles of Amendment and fee(s) are submitted for filing.	, G
Please return all correspondence concerning this matter to the following:	
Name of Person Name of Person Luptin Luptin Firm/Company Address Address City/State and Zip C E-mail address: (to be used for future and E-mail address: (to be used for future and E-mail address) Name of Person Area Code	1 33458
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Status Certified Cop (additional copy)	y Certificate of Status &
Registration Section Registration of Corporations Division of Corporations Division of Salar Clift Tallahassee, FL 32314 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Luptin UC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it ho iability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company	were file	ed on Sept - 24, 2012 and assigned	i
Florida document number L 120001217	<u> </u>	` '	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity com	pany here:	
w/A			
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ty Comp	ny," the designation "LLC" or the abbreviation "L.L.C."	TALL SEC
(Principal office address MUST BE A STREET ADDRESS)]2 Z	
The spectation of the second s		20	ASS
		20 32	(J) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
Enter new mailing address, if applicable:		Na ?	FLC
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	RIGA
-			>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ress on our records, enter the name of th	<u>ie new</u>
Name of New Registered Agent:	/ E.		
New Registered Office Address:		Enter Florida street address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	perform rovided	ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document	d

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to manage from our records:	nage, <u>enter the</u>	title, name, and address of each	address of each person being added	
MGR = M AMBR = A	anager uthorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action	
MGR	Gustavo Garcia	1691	ia Veracryz	y Add	
	Gustavo Garcia	Jupi"	rer, F1.33458	Remove	
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an effe iote:	ective date is listed, the date must be specific a If the date inserted in this block does no	and cannot be prior to date of t t meet the applicable statu	filing or more than 90 days after filir	ig.) Pursuant to 605 te will not be liste	5.0207 (cd as t
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	ord specifies a delayed effective 90th day after the record is filed		ective time, at 12:01 a.m	. on the earli	er of:
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	Signature of	a member or authorized repr	esentative of a member		
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Page 3 of 3

Filing Fee: \$25.00