9/13/23, 10:34 AM

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

: (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 **SANJATILLC**

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SEP 14 2-23

company has been notified in writing of this change.

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANJATI LL	_C			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company	were filed on02/06/2019	and assigned		
lorida document number <u>L19000038205</u>				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."		
nter new principal offices address, if applicable:	20801 Biscayne BLVD, Suite 403			
Principal office address MUST BE A STREET ADDRESS)	Aventura, Florida, 33180.	207		
nter new mailing address, if applicable:	20801 Biscayne BLVD, Suite 403			
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	Aventura, Florida. 33180.	<u></u>		
		n		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of</u>	the new regi		
ent and/or the new registered office address nere:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	City , Florida	Zip Code		
ew Registered Agent's Signature, if changing Registered Agent:				
hereby accent the appointment as registered agent and agr	ee to get in this canacity. I further garee	ta camply wi		
New Registered Office Address:  Sew Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent and agricovisions of all statutes relative to the proper and complete	City , Florida, Florida	to comp		

If Changing Registered Agent, Signature of New Registered Agent

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 5

13/9/2023 11:44

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		<del> </del>	☐Change
			□Add
			□ Remove
			□Change
<u>-</u>			□Add
			□Remove
		water to the second sec	□Change
			□∧dd
			□ Remove
			□Change
	***************************************		□Add
			□ Remove
			□Add
			□ Remove
			□Change

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Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 5 of 5

13/9/2023 11:44

). 11 amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: I	e date, if other than the date of filing:
the record cord is file	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 d.
Dated _	Sep 01
	Osorio Chong Zuis Signature of a member or authorized representative of a member
	- · ·
	OSORIO CHONG, LUIS J Typed or printed name of signee

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