## L20000 217161

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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

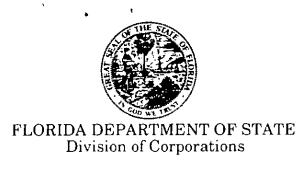


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QS 1-1(3012)



April 2, 2021

MICHAEL LUPOLOVER 17121 COLLINS AVENUE #3101 SUNNY ISLES BEACH, FL 33160

SUBJECT: LUPO VENTURES LLC

Ref. Number: L20000217161

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 3 of 3 is missing. All pages must be returned in order to file the document. Section 605.0203(1(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 321A00006952

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

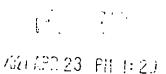
Tallahassee, FL 32314

Lupo Ver	ntures, LLC					
SUBJECT:  Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Michael Lupolover					
	Name of Person					
	Lupo Ventures LLC					
	Firm/Company					
	17121 Collins Avenue, #3101					
Address						
	Sunny Isles Beach, F1, 33160					
		City/State and Zip Code	<del>_</del>			
	mlupolover@gmail.com					
	E-mail address: (	to be used for future annual report noti	fication)			
For further information	concerning this matter, please c	all:				
Michael Lupolover		732 221-8181				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for	the following amount:					
<b>■ \$25.00</b> Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S50.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr		Street Address:				
Registration Section		Registration Sec				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Lupo Ventures LLC

(Name of the Limited Liability Company as it now appears on our records.) [77] 1

The Articles of Organization for this Limited Liab	ility Company were filed on 7/23/2020	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	4DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or regingent and/or the new registered office address by	estered office address on our records, en	nter the name of the new regist
Zent und/or the new registered office uddress t		
Name of New Registered Agent:		
	Enter Florida street a	ddress
Name of New Registered Agent:		ddress . Florida Zip Code

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>	Address	Type of Action
AMBR	Natalie Lupolover	17121 Collins Avenue, #3101	■Add
		Sunny Isles Beach, FL 33160	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated December 21 2020 Signature of a member or authorized resesentative of a member Michael Lupolover

Filing Fee: \$25.00

Typed or printed name of signee