Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000238753)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)560-0307 : (727)914-5090 Fax Number

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 ACADEMIA DE DERECHO Y LITIGACION ORAL LLC

tanan manan ma	announnament in the second
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JA: 21 LULI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACADEMIA DE DERECHO Y LITIGACION ORAL LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Florida document number <u>L2000</u>0223297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new terms must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (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 name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido strect address

New Registered Agent's Signature, if changing Registered Agent:

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.

City

, Florida

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	<u>Address</u>	Type of Action
AMBR A	Arias Paravicini Carly Viviana	Jardines del norte casa 39	⊘ Add
		Santa Cruz - Bolivia - CP:591	□Remove
			□ Change
			©Remove
			(Пандс
			ERemove
			□Clrange
			□Add
			⊡Remove
			\(\text{Cleange} \)
			□Remove
			□Clrange
			©Remove
			51ar

	my other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
<u>Note:</u> If the da	e, if other than the date of filing:
e record specifi rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	JANUARY 19 2021
	Signature of a member or authorized representative of a member
	LUIS ANDRES RITTER ZAMORA
	Typed or printed name of signee

• •

Filing Fee: \$25.00