

27/1/2021

División de Corporaciones

Departamento de Estado de Florida

División de Corporaciones

Hoja de presentación de presentación electrónica

Nota: imprima esta página y utilícela como portada. Escriba el número de auditoría de fax (que se muestra a continuación) en la parte superior e inferior de todas las páginas del documento.

((H21000037552 3)))



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Nota: NO presione el botón ACTUALIZAR / RECARGAR en su navegador desde esta página. Hacerlo generará otra portada.

A:
División de Corporaciones
Número de fax: (850)617-6383

Desde:
Nombre de cuenta: LUPA ENTERPRISES INC
Número de cuenta: 120200000050
Teléfono: (727)560-0307
Número de fax: (727)914-5090

**** Ingrese la dirección de correo electrónico de esta entidad comercial que se usará en el futuro envíos de informes anuales. Ingrese solo una dirección de correo electrónico por favor. ****

Dirección de correo electrónico: INFO@USACORPORATIONSERVICES.COM

**LLC AMND / RESTATE / CORRECT O M / MG RENUNCIA
TECHSTORE ENTERPISES LLC**

Certificado de estado	0
Copia certificada	0
Recuento de páginas	04
Cargo estimado	\$ 25,00

Menú de archivo electrónico

Menú de archivo corporativo

Ayuda

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
TECHSTORE ENTERPRISES 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 08/03/2020 and assigned Florida document number L20000223391.

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:

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 NRS 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

JAN 22 TH 2021

Signature of a member or authorized representative of a member

MIGUEL E CASTILLO MENA

Typed or printed name of signer

Filing Fee: \$25.00