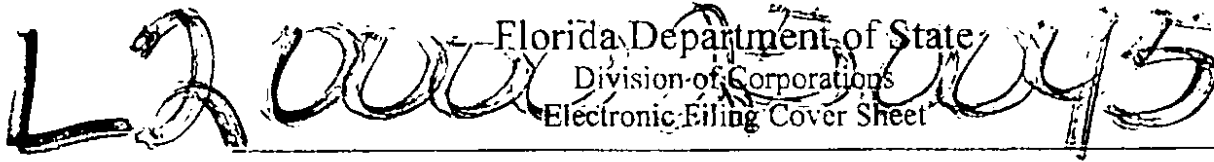


14/9/2020

Division of Corporations



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.

((H20000318809 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LUPA ENTERPRISES INC
Account Number : 120200000050
Phone : (727)560-0307
Fax Number : (727)298-8007

****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
ONCOGENICA LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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SEP 18 2020

S. YOUNG

2020 SEP 17 AM 10:18

FILED

2020 SEP 17 PM 2:40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONCOGENICA 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 08/24/2020 assigned
Florida document number L20000250045

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gutierrez Sandoval Ramon Emeso	Avenida de Valdivia 1093	<input type="checkbox"/> Add
		Concepcion, Chile 4070000	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gutierrez Sandoval Ramon Ernesto	Avenida de Valdivia 1093	<input checked="" type="checkbox"/> Add
		Concepcion, Chile 4070000	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**