## Florida Department of State Physical of Corporations Historic Filling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-8007 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 EIS IMPORT & EXPORT SOLUTIONS LLC

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Corporate Filing Menu

Help

JUL 29 2024 K. Brumbley From: Luis Grillo

Fax: 18885334730

To

Fax: (850) 617-6381

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29/7/2024 15:47

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EIS IMPORT	& EXPORT SOLUT	IONS LLC	
	(Name of the Limited Liability C (A Florida Lin	ompany as it now appear tited Liability Company)	rs on our records.)	
The Articles of Organization	for this Limited Liability Com-	pany were filed on	03/22/2021	and assigned
Florida document number	L21000118372			
This amendment is submittee	d to amend the following:			
A. If amending name, ente	r the new name of the limited	liability company ho	<u>ere</u> :	
The new name must be distinguish	able and contain the words "Limited	Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices	address, if applicable:			
(Principal office address ML	<u>UST BE A STREET ADDRES.</u>	<u> </u>		
Enter new mailing address.	, if applicable:			
(Mailing address MAY BE 2	<u>( POST OFFICE BOX)</u>			
P. If amonding the register	and among anythin manistance of	Cas addana an ann a		
agent and/or the new regist	ed agent and/or registered of ered office address here:	nce address on our r	ecords, <u>enter the na</u>	ime of the new register
				<b>202</b> 1
Name of New Regis	stered Agent:			
Many Descriptored Of	r., (J.)			FIANT FIA
New Registered Of	nce Address:	Enter Flor	ida street address	
			Florida _	PHI D
		City	r iorida _	T; -Zip Code
New Registered Agent's Signa	ature, if changing Registered Ag	<u>zent:</u>		5 # <b>6</b>

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.

irom.	Laser	Calle	

Fax: 18885334730

To:

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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	Address	Type of Action
MBR	JOSE <u>RICARDO TORRES DE LA RIV</u> ERA	EDUCADORA MINERVA POBLETE 10232 CAS.	<u>A_</u> A □ ∧dd
		COMUNA LA REINA.REGION METRO	Remove
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			□Remove
			□Change

From: Luis Grillo

Fax: 18885334730

To.

Fax: (850) 617-6381

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). If amending a	any other information, ent	tter change(s) here: (Attach additional sheets, if necessary.)
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	···	
***		
(If an effective dat Note: If the da	e, if other than the date of the is listed, the date must be specified in this block does dective date on the Department	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 s not meet the applicable statutory filing requirements, this date will not be listed as th
the record specificord is filed.	es a delayed effective date, bu	ut not an effective time, at \$2:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 29	2024
		Sotelo Rojas Juan Antonio
	Signature	c of a member or authorized representative of a member
		SOTELO ROJAS JUAN ANTONIO
		Typed or printed name of signee

Filing Fee: \$25.00