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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 : (727)914-5090

\*\*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 SOUTHLINE SERVICES LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INE SERVICES LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appointed Liability Company	ears on our records.)		
the Articles of Organization for this Limited Liability Co.	mpany were filed on _	04/13/2021	and a	ssigned
lorida document numberL21000156244	<u>.</u> .			
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the	e designation "LLC" or th	e abbreviation "	L.L.C."
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRI	<u> </u>			
	<del></del>			
Enter new mailing address, if applicable:			<u>-</u>	
Mailing address MAY BE A POST OFFICE BOX)		<u>_</u>		
<del></del>				
3. If amending the registered agent and/or registered	office address on our	r records, <u>enter the r</u>	tame of the n	ew registe
gent and/or the new registered office address here:			1023	
				_
Name of New Registered Agent:				
<del></del> -			. w	
New Registered Office Address:	Entar I	Torida street address	<del>- 3.</del>	<u>~ ~ ~ ~ </u>
	thus, t	AIN THE PAYOUT BEEN CON	ယ္	~
		Florida		<del></del>
	City		Zip Coa	le <sup>s</sup>

## 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 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
MGR	Santiago Benzi	9800 W Bay Harbor Drive, UNIDAD 707 MIAMI, FL 33154	<u>X</u> ]Add
			□Remove
			□ Change
MGR	DOMINGO SALOMON, JUAN		□ Add
		ALVAREZ CONDARCO 1255 BIS ROSARIO, SANTA FE 2000 AR	X}Remove
			Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
			□Remove
			TICh

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effect Note: If	e date, if other than the date of filing:
ne record s ord is filed	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 l.
Dated	23 of February . <u>2023</u> .
	Signature of a member or authorized representative of a member
	DOMINGO SALOMON, JUAN Typed or printed name of signee