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Division of Corporations

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From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-8007 : (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.\*\*

info@usacorporationservices.com Email Address:

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## 7117

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL	FITNESS ALLIANCE US.	ALIC	SEI -	
(Name of the Limited Liability (A Florida			OF S	
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on	06/01/2021	and assigned 5	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company he	<u>·e</u> ;		
The new name must be distinguishable and comain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS OF A STREET ADDRESS OF THE PRINCIPAL OF TH		Signation "L1.C" or the a	bbreviation "L.L.C"	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our red	cords, <u>enter the nam</u>	e of the new registered	
Name of New Registered Agent:	<del></del>	<del>-</del>		
New Registered Office Address:	Enter Floria	o street address		
	, Florida			
	Cay	, riorida	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 filled 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	VALDELOMAR, SALAZAR	JR. PACHACUTEC 2265 LINCE	
		LIMA PERU 15046	ZRemove
			©Clange
MGR	GARCIA, AGUILAR	JR. PACHACUTEC 2265 LINCE	
		LIMA PERU 15046	<b>⊈</b> Remove
	SALAZAR VALDELOMAR,		
MGR	LUIS MIGUEL.	JR. PACHACUTEC 2265 LINCE	<b>v</b> iAdd
		LIMA PERU 15046	⊑Remove
	A CANNOT A DISCOLLAR		☐Clauge
MGR	AGUILAR GARCIA, MGR LILIAN MEDALIT	JR. PACHACUTEC 2265 LINCE	<b>⊻</b> Add
		LIMA PERU 15046	□Remove
			Cl Change
			BbA⊡
			CRemove
			□ Change
			CRemove
			☐Change

D. If amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the	ate, if other than the date of filing:	5,0207 (3)(b) ted as the
If the record spe record is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	or the
Dated	OCFOBER IST 2021	. Sėt
_	SALAJAR VALD CLOMAR, LUAS WAGUCL A	1 OC1
_	m.	2021 OCT -1 P SECRETARY OF
_	SALAZAR VALDELOMAR, LUIS MIGUEL	3 3 D
	Typed or printed name of signee	ED ELE

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