

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000316217

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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
INTERNATIONAL HEAVY HAULERS LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

C. BRUMBLEY

NOV 18 2021

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Corporate Filing Menu

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2021 NOV 17 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
INTERNATIONAL HEAVY HAULERS 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 07/09/2021 and assigned
Florida document number L21000316217

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 "LLC"

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

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TALLAHASSEE, FL

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVILA HURTARTE EVELYN MELISSA	BOULEVARD AUSTRIACO 10 5 ZONA 16 LIRIOS	<input type="checkbox"/> Add
		CIUDAD DE GUATEMALA 01016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SIERRA WELLMANN CELESTE CRISTINA	CALLE MARTI 6 52 ZONA 2	<input type="checkbox"/> Add
		CIUDAD DE GUATEMALA 01002	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REYES MORALES BERNI DAVID	1086 RANCH OAK DR	<input checked="" type="checkbox"/> Add
		HOUSTON TX 77073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.020? (3)(b)

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 November 17, 2021

REYES MORALES BERNARD DAVID
Signature of a member or authorized representative of a member

REYES MORALES BERNI DAVID

Typed or printed name of signer

Filing Fee: \$25.00