Electronic Filing Cover Sheet

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(((H23000390461 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)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.

filings@usacorporationservices.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESCV EAGLE TRACE LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Luis Grillo Fax: 18885334730

Fax; (850) 617-6381

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10/11/2023 11:07

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ta:

ESCV EAGLE	TRACE LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe ited Liability Company	n <u>rs ou ont tecotqs</u> ')	
The Articles of Organization for this Limited Liability Comp	oany were filed on _	10/12/2021	and assigned
Florida document numberL21000444891			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited I	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	<u>s)</u>		
Enter new mailing address, if applicable:			2023 NOV
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our	records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
<u></u>	· · · · · · · · · · · · · · · · · · ·	, Florida	<u></u>
	Ciţy		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.

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

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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>	Address	Type of Action
MGR	SIERRA, EDWARD	AVENTURA, FL 33180 21165 Helmsman DR G14	□Add
			图Remove
			□Change
			□Add
			□Remove
			□Change 23 HOV 13
			DChange DRemove DRemove DChange
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			[]Change

From: Luis Grilio Fax: 18885334730 To: Fax: (850) 617-6381 Page: 5 of 5 10/11/2023 11:07

D. If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
	2023 NOV 13 AH 10: 06
	7月 8
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (3)(b) , this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o record is filed.	f: (b) The 90th day after the
Dated November 10 2023	
Consuelo Vilar Signature of a member or authorized representative of a member	
Consuelo Vilar Typed or printed name of signee	

Filing Fee: \$25.00