Division of Corporations Electronic Filing 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 : (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

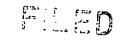
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SLI - SOLUCIONES LOGISTICAS INTEGRADAS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB 23 PM 4: 04

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SLI - SOLUCIONES LOGISTICAS INTEGRADAS 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 on11/29/2021	and assigned
Florida document number L21000503573		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	12600 NW 25th Street. Suite 115, Mi	ami, Florida, 33182
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	12600 NW 25th Street. Suite 115, Mi	ami, Florida, 33182
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent.	***************************************	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cite	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 ditties, 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. Thereby 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>	Name	Address	Type of Action
			□Remove
			ClClyinge
	·-		Cladd
			CJRemove
			[]Clamge
			CJAdd
		LiRemove	
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			П. С. Репколе
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Effort	we dote if other than the date of Clinical
Note:	ve date, if other than the date of filing:
the recor	I 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 ed.

From Luciana Mordini 1.727.914.5090 Thu Feb 23 19:34:29 2023 UTC Page 4 of 4

Filing Fee: \$25.00

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