Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000323261 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number ; (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 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.

Email Address: filings@usacorporationservices.com

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

SEP 10 2023

From: Luis Grillo

Fax: 18885334730

Fax: (850) 617-6381

Page: 4 of 6

15/9/2023 13:20

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLI - SOLUCIONES LOGISTICAS IN		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	w appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L21000503573</u>		ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C	 С."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	7.0	
	:	
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 or agent and/or the new registered office address here:	_	regist
Name of New Registered Agent:		_
New Registered Office Address:		
Б	inter 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.

From: Luis Griffo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 5 of 6

15/9/2023 13:20

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	VELILLA ECHEVERRI, VERONICA MILEN A	·	□Add
		SABANETA ANTIOQUIA 055450 CO	BRemove
			□Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			Change
 			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			🗆 Change
			DAdd
			□Remove
			□Chanec

To:

_						
_	· · · · · · · · · · · · · · · · · · ·				<u>-</u>	
_		<u> </u>				
_		<u> </u>	 			
_			<u></u>			
_				<u>.</u>	-	 -
-						<u> </u>
	· · · · · · · · · · · · · · · · · · ·					
_						
_				-		
-						
_				_ .		
(If an effe Note: 1		late must be specific a this block does not	ind cannot be prior to t meet the applicab			al) ing.) Pursuant to 605.0207 (3) ate will not be listed as the
If the record record is file		effective date, but n	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated _	Sep 13		2023	, •		
		Oca	ampo Flo a member or authori	nea Sein	len.	
			minum i vi			

Typed or printed name of signce