

23/2/23, 16:04

From: Luciana Mordini 1.727.914.5090 Thu Feb 23 19:09:08 2023 UTC Page 1 of 4

Division of Corporations

**L22000026273**

Florida Department of State

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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**\*\*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  
GOLDEN SUN FOODS LLC**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2023 FEB 23 AM 8:34  
CLERK OF STATE  
TALLAHASSEE, FL

Golden Sun Foods 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 01/24/2022 and assigned  
Florida document number L22000026273.

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 "L.L.C."

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: \_\_\_\_\_

100 SE 2nd Street Suite 2000

*Enter Florida street address*

Miami

*City*

Florida

33131

*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.*

Lupa Enterprises INC

If Changing Registered Agent, Signature of New Registered Agent

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	Leny Andrea Ortuste Landivar	LAS LOMAS DE ARANJUEZ* N°68, Cochabamba Cochabamba, Bolivia, 0001	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ANDRES MARTIN ORTUSTE MICHEL		<input type="checkbox"/> Add <input type="checkbox"/> Remove
		LAS LOMAS DE ARANJUEZ* N°68, Cochabamba Cochabamba, Bolivia, 0001	<input checked="" 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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

OFFICE OF THE  
STATE  
ATTORNEY GENERAL  
FLORIDA

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CLERK OF STATE  
TALLAHASSEE, FL

(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 605.0207-3(b)

Dated 23 of February, 2023

**Filing Fee: \$25.00**