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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.

Email Address: filings@usacorporationservices.com

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T. LEMIEUX FEB 10 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Centro de Est (<u>Name of the Limited Liability Co</u> (A Florida Lim	udios El Hilo de Fra		
			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited la	Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Florida document numberL22000257852 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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist	U - 40 - 10 - 10		
		Ø	r~ }
Enter new mailing address, if applicable:			* ;
(Mailing address MAY BE A POST OFFICE BON)			
		 	
B. If amending the registered quest and/or registered of	lice address on our roc	arde enter the nam	· ·
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	nce address on our rec	orus, <u>enter the name</u>	**
		1	5
Name of New Registered Agent:		· · ·	
New Registered Office Address:			
	Enter Floride	a 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 Grillo	Fax: +16885334730

To:

Fax: +18506176381

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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
MGRM_	Mauricio Alfonzo Quezada Velasquez	Calle el pauji, urbanización los naranjos,	X Add
		residencia alta vista, casa 20	□Remove
		Caracas, Venezuela.	□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			DAdd
			□Remove
			DChange
			□Add
			□Remove
			□Change
<u></u>			□Add
			Remove

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٤ra	m·	Luis	Gullo	

Fax: +18885334730

To:

Fax: +18506176381

Page: 5 of 5 06/02/2025 17:24

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record specific is filed.	s a delayed effective	date, but not ar	n effective tim	e, at 12:01 a.m	on the earlier	of: (b) The	e 90th day after	the
atedF	February 6		2025	- ·				
		3 rai	rcis Jinatiz	Blanco Ac	iendres			
	S	ignature of a me	inber or authori	zed representativ	e of a member			
		FRANC	IS JINATIZ	Z BLANCO name of signee	ALIENDRE	S		

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