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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (727)298-8007 Phone Fax Number : (305)397-0980

\*\*Enter the email address for this pusiness 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 UNIVERSUS ENTERTAINMENT LLC

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T. LEMIEUX JUN 2 7 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSUS ENTER		
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t new appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on _07/28/2022	_ and assigno
Florida document numberL22000334646		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbre	eviation "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	•	· <u>~</u>
		<u>~~</u>
		`
<ol><li>If amending the registered agent and/or registered office addre igent and/or the new registered office address here:</li></ol>	ess on our records, enter the name	of the new re
		סר
Name of New Registered Agent:		=====================================
Thank O Then Negligierya rigent.		
New Registered Office Address:	Enter Florida street address	<u>-, ~1</u>
	174	
	, Florida	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.

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>	Name	Address	Type of Action
MMGR	Mildred Irasema Salas Larios de Aragón		XIAdd
		Sacatepequez, Guatemala, 03001	□Remove
			□Clange
····			🗀 Add
			ПРетюче
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			□ Change

D. If amending any other infort	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
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D. Difference days of extremely made	and the of filling	
Note: If the date inserted in this	the date of filing:	3.0207 (3)(b ed as the
f the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated Jun 26	. 2023	
	Carlos Oragon Signature of a member or authorized replesentative of a member	
	Signature of a member or authorized representative of a member	
	ARAGON MEJICANO CARLOS ALBERTO	
	Turned or married married Alberta	

Filing Fee: \$25.00