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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 **DIKA GROUP LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2027 NOV - 1 AM 9: 09

SECHETARY OF TALLAHASSEE, FL

DIKA GROUP 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 Lial Florida document number <u>L22000340</u>		were filed on	08/02/2022	and assigned
Florida document numberLZZUUU340.				
This amendment is submitted to amend the follow	vingt			
A. If amending name, enter the new name of t	he limited liab	ility company he	<u>re</u> :	
The new trame transt be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the de	signation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		1900 N Bayshore Dr, Suite 1A		
(Principal office address MUST BE A STREET ADDRESS)		<u>Miami, FL</u>	. 33132, US	
Enter new mailing address, if applicable:		1900 N B	ayshore Dr. S	uite 1A
Mailing address MAY BE A POST OFFICE BOX)		Miami, FL	. 33132, US	
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	LUPA ENTERPRISES INC			
New Registered Office Address:	100 SE 2ND ST, SUITE 2000 Enter Florida street address			
		MIAMI	, Florida	33131
		City		Zip Codi
Now Businessed Amount's Circumstance If abandon Bo	_!			

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 Resistered 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>	Address	Type of Action
<u>AMBR</u>	CABALLERO RODRIGUEZ CELIA T	8332 NW 30 TERRACE UNIT C1561 MIAMI, FL 33122	□ Add
			√ IRemove
			□Change
AMBR	DIAZ CABALLERO DANIEL F	8332 NW 30 TERRACE UNIT C1561 MIAMI, FL 33122	□ Add
			VZiRemove
	DUZ 01D1115D0	0000 NIM/00 TERRACE LINET 04504	Change
<u>AMBR</u>	DIAZ CABALLERO OSCAR A	8332 NW 30 TERRACE UNIT C1561 MIAMI, FL 33122	DAdd
			VZiRemove
			□Clunge
AMBR	DIAZ PRADA OSCAR	CARRERA 52 NRO 73-31 BUCARAMA SANTANDER COLOMBIA	
		<u></u>	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			BRemove
			□ Change

						
					2022 NOV	-
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(If an effective <u>Note:</u> If the	ate, if other than the date of date is listed, the date must be spec- e date inserted in this block doe effective date on the Departme	ific and cannot be prior to o s not meet the applicabl				
If the record spec record is filed.	cifies a delayed effective date, b	out not an effective time	; at 12;01 a.m. on the	e carlier of: (b) The	90th day after the	
		0000				
Dated	October 31	AZ PRAZ e of a prember or authoriz				

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