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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.

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J. HORNE

SEP 28 2022

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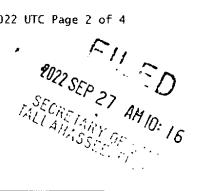
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GYC SOLUTION	<u>IS USA LLC</u>	· · · · · · · · · · · · · · · · · · ·	·
GYC SOLUTION (Name of the Limited Liability Compan) (A Florida Limited Lia	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	08/03/2022	and assigned
Florida document numberL22000341051			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company her	r <u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signation "LLC" or the a	obreviation "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 acagent and/or the new registered office address here:	idress on our re	cords, <u>enter the nan</u>	ne of the new registers
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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.

If Changing Registered Agent, Signature of New Registered Agent

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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> DIANA CAROLINA	<u>Address</u> CALLE 89A 116A 35 TERRIOR 9 APT 302 E	Type of Action
MGR	GULLIEN ROJAS	CUNDINAMARCA COLOMBIA 110111	□Add
		 	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			©Remove
			☐ Clange
	-		□ Add
			□Remove
			□Clunge
<u>.</u>			□Add
			□Remove
			Change

). If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u></u>	
(If an effective Note: If the	date, if other than the date of filing:
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 23rd 2022
	GOVANNY COUARDO GARCAA TOVAR Signature of a member of a member
	GEOVANNY EDUARDO GARCIA TOVAR Typed or printed name of signee

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