Fram: Luis Gtillo 13/8/24, 9:21



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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-B007

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.\*\*

filings@usacorporationservices.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEAT LAND INTERNATIONAL LLC

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Ffom: Luis Grillo

Fax: 18885334730

TA:

Fax: (850) 617-6381

Page: 3 of 5

13/8/2024 10:27

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEAT LAND INTE	RNATIONAL LL	С	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on ulity Company)	our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	08/16/2022	and assigned
1 Troffda document humber			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	v company here:		
			20
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	nation "LLC" or the abbi	reviation "lell.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			. · · ·
			3
-			لهمه ب
Enter new mailing address, if applicable:			17
(Mailing address MAY BE A POST OFFICE BOX)			
The state of the s		-	
-		-	
B. If amending the registered agent and/or registered office add	lress on our recor	ds. <u>enter the name</u>	of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Chy		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 cape	acity. I further agre	e to comply with the
provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro			

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

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

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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
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the record speci cord is filed.	ifies a delayed effective date, b	but not an effective	e time, at 12:01	a.m. on the car	lier of: (b)	The 90th day aft	er the
_	August 13	、202	4				
Dated							
Dated		Fabio A	lleiandro R	enitez Mora	lec		

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Page: 5 of 5

13/8/2024 10:27

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Ŧo:

Ffom: Luis Unillo

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Typed or printed name of signee