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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 **MATERSAN LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATE	RSAN LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	inpany as it now appear ited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on	08/29/2022	and assig	gned
Florida document number <u>L22000376415</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	e <mark>re</mark> :		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the d	esignation "LLC" or the abb	previation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
			<u></u>	2022 OCT
) OC
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			57	~
			<u> </u>	<u> </u>
				جو
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our r	ecords, <u>enter the name</u>	of the new	regi st ere
Name of New Registered Agent:				
New Registered Office Address:	Enter Flor	rida strect 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

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>MGR</u>	EUGENIO ENRIQUE BUSTOS BUSTOS	LAS ESPUELAS 143 MACHALI RANCAGUA CL	□ Add
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If an effective Note: If th	late, if other than the date of filing:	triii fursuant to (ill not be l	05.02.07 (3) 505.02.07 (3)
e record spo rd 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 a	fler the
Dated	September 12 2022		
-	CORTES DE LA PAEDRA, GONDALO 9 Signature of a member or authorized representative of a member		
	CORTES DE LA PIEDRA, GONZALO J		

Filing Fee: \$25.00