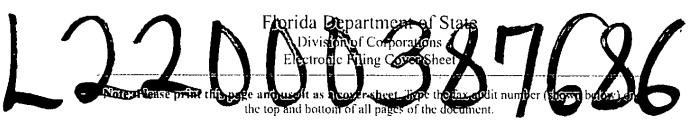
27/9/24, 15:51

Division of Corporations



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

: (305)397-0980

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-8007

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMARTROOM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. SOLOMON

OCT - 1 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	SMARTROOM LLC		
	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
kapan saman Tanàn			
The Articles of Organization for this Limited I	liability Company were filed on	09/09/2022	and assigned
Florida document numberL220003876	<u> 586 </u>		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	ere:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the d	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	, ··· - · · · · · · · · · · · · · · · ·	. <u>-</u>
Principal office address MUST BE A STREE	ET ADDRESS)		
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Mailing address MAY BE A POST OFFICE	ROV)		2) To [7]
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3. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our ro <u>ss here</u> :	ecords, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:			
New Desistened Office Address			
New Registered Office Address:	Enter Flor	rida sireet address	
New Registered Office Address:	Enter Flor	rida street address Florida	

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.

From: Luis

Fax: +18885334730

To:

Fax: +18506176381

Page: 3 of 5

27/09/2024 16:59

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
MGR	Leonidas Maria Batista Antonio	Calle Yaroa 17	🗔 \\ \dd
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To:

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record specia	fics a delayed effec	tive date, but no	ot an effective t	ine, at 12:01 a	ı.m. on the ca	rlier of: (b)	The 901	h day a	fter the
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ated	Septembe	r 27	2024	.					
	-1,		Batis member or author		,				