Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000374703 3)))_y



Note: DO NOT hit the REFRESH/RELOAD button on your browser/from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)298-8007

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMARTROOM LLČ $^{\Xi_{11}}$ – $^{D^{F}}$

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

as alee. Electronic Filing Menu

Corporate Filing Menu

Help

ラカチョ

1 🚉

1 :

1/1

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Smartroom LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appea	rs on our	records.)	
	Liability Company)		9/09/2022	
(n		. 08	910912022 _ ,.	
Phy. Articles of Organization for this Limited Liability Company	were filed on	57-	* 7	and assigned
Florida document number <u>L22000387686</u> .	· [1.4		
This amendment is submitted to amend the following:	7	.ui	11	. 1111
$\widetilde{\Delta v}$ If amending name, enter the new name of the limited liab	ility company h	ere:		
		:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the c	lesignatio	on "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	-	•		13.
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<u> </u>
				· · · · · · · · · · · · · · · · · · ·
				- - #3
Enter new mailing address, if applicable:				·
Mailing address MAY BE A POST OFFICE BOX)	, 11	44		
never the obligation		;; ;;		
$r_{ij} = r_{ij} + r_{ij} + r_{ij}$ $r_{ij} = r_{ij} + r_{ij} + r_{ij}$	<u>i</u>	159		Jie
	1	117		
Sum: v hat box: B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords,	enter the name of	the new regi
	i	•		
Name of New Registered Agent:		1:		·
New Registered Office Address:	·	,	. <u></u>	· · · · · · · · · · · · · · · · · · ·
	Enter Flo	nda street	t address	
			, Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:		.,	;	
hereby accept the appointment as registered agent and agr	ee to act in this	capacit	v. I further agree	to comply wi

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

1.00

From:	Luis	Grillo	

Fnx: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 5

11/11/2024 14:06

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>		Name	Address		Ţ	Type of Action
MGR	M	MARIANA GARCÍA PEMBERTY	AV 37 #78-72-ME	DELLÍN		_ ⊠ ∧dd
:			ANTIOQUIA COLO	MBIA 050007		_ □Remove
	'		<u>-</u>	1.5		_ □Change
						□Àdd
					:::-	□Add
				• • •		12
						_ □Change
			- <u>- </u>	•		_ CAdd:
ler,						_ ⊡Remove
.15/f	Авенто			1,5	-	_ □ Change
					· -	Add Add
				<u>.</u>		_ □Remove
				ξ		_
						_ 🗆 Add
			15 15	pr		Remove
15 to	<u> </u>			ç:-	, .	_
Flori.	docume 2015 2015 2015		i :			
3 ₁₇ (1)			; k	<u>t</u>		_ □Add
			······································	<u> </u>		_ □Remove
				1(_ Change

	···:					<i>:</i> · ·	•	
Luis Grifto		Fax: 18885334730	To:	Fa	e: (850) 617-6381 		Page: 5 of 5	11/11/2024 14:06
								-
). If am	ending a	ny other inform:	ation, enter chang	ge(s) here: (A	ttach additioi	nal shee	ets, if necessary.)	
				· · · ·	·			
						٠		
					i,	 С.	.	
		<u>-</u>	 -			- , ,		
		-			;	**	•	
. ;		· · · · · · · · · · · · · · · · · · ·				;		
					<u> </u>	17		
					<u>.</u>	he	्र	
							<u>.</u>	<u> </u>
						<u>بر</u> 		12
						_61 _		
					:6	e. Îs		
					۸	***		
, .		-			: *			
Effect	tive date.	if other than the	e date of filing: st be specific and cann		<u>+</u>	7.1	(optional)	
Note:	If the dat	e inserted in this b	lock does not meet t	he applicable s	tatutory filing	requirer	nents, this date wil	I not be listed as
docun	nent s effe	ctive date on the L	Department of State's	s records.	; :			
the reco		s a delayed effectiv	ve date, but not an e	ffective time, a	12:01 a.m. oi	n the ear	licr of: (b) The 90	Oth day after the
) !	٠	
	. N	ovember 11	·	2024 .	•			
Dated			(eans	el Martin	Garcia	Batis	ta	- ,
Dated	· · · 		Signature of a memb	er or authorized	representative o	f a meml	oer	
Dated	· · ·		Signature of a memb	er or authorized	representative o	f a meml		

Filing Fee: \$25.00