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.

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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 : (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.

Email Address: filings@usacorporationservices.com

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

عالان النائد والمساولات والمساولات والمساولات والمساولات والمساولات والمساولات والمساولات والمساولات	
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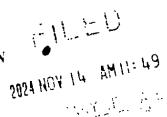
Electronic Filing Menu

Corporate Filing Menu

Help

A. RAMSEY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	0	• ',	
/NC(L-1): 1: 1111	Smartroom LLC		<u></u>
(A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	09/09/2022	and assigned
Florida document numberL22000387686	·		
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company he	ere:	
he new name must be distinguishable and contain the words "I	imited Liability Company," the d	esignation "LLC" or the a	boreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD.	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			
3. If amending the registered agent and/or registe igent and/or the new registered office address here		ecords, <u>enter the na</u>	ne of the new registe
gent and/or the new registered office factors serve	<u>.</u> .		
Name of New Registered Agent:			
New Registered Office Address:	Enter Plan	ida street address	· · · · · · · · · · · · · · · · · · ·
	emer vioriaa sireet aaaress		
	Chr.	, Florida	72. 71. 1.
	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.

From: Luis Grillo

Fax: +18885334730

To:

Fax: +18506176381

Page: 4 of 5

14/11/2024 15:27

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	BATISTA, LEONEL	8301 NW 41ST ST APT 307	□∧dd
		DORAL FL 33166	□Remove
			⊠ Change
MGR	BATISTA ANTONIO, LEONIDAS MARIA	8301 NW 41ST ST APT 307	□/\dd
		DORAL FL 33166	□ Remove
			⊠Change
MGRM	GARCIA PEMERTY, MARIANA	8301 NW 41ST ST APT 307	□ Add
		DORAL FL 33166	🗆 Remove
			⊠Change
	· · · · · · · · · · · · · · · · · · ·		□Add
		· · · · · · · · · · · · · · · · · · ·	🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
(If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
If the record sprecord 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	November 14
	Leonel Martin Garcia Batista
	Signature of a member or authorized representative of a member
	LEONEL MARTIN GARCIA BATISTA,
	Typed or printed name of signee

14/11/2024 15:27