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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AL BARAKA LATIN GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

AUG - 2 2024

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

AL BARAKA LATIN GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 AUG -1 AM 4:12
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/14/2022 and assigned Florida document number L22000443650.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name 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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Leonardo Rubén DIAZ</u>	<u>Barrio Bellavista II, Manzana LL casa 07,</u>	<input checked="" type="checkbox"/> Add
		<u>Villa Alberastain Pocito, Pcia de San Juan</u>	<input type="checkbox"/> Remove
		<u>Argentina</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>Rubén Darío SCHILIRO</u>	<u>AV Juan Bautista Alberdi 667 piso 1 Dpto A</u>	<input checked="" type="checkbox"/> Add
		<u>Ciudad Autónoma de Buenos Aires, Argentina,</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>Osvaldo Williams FERNANDEZ</u>	<u>Calle General Acha sur 3099, Villa Bolaños</u>	<input checked="" type="checkbox"/> Add
		<u>Rawson, Pcia. de San Juan, Argentina</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>Mauricio Guillermo MONTERO MORENO</u>	<u>Avenida Rioja 535 sur</u>	<input checked="" type="checkbox"/> Add
		<u>ciudad de San Juan, Pcia de San Juan, Argentina</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>Cynthia Gladys FALCON</u>	<u>Calle J. Salguero 3056 Piso 1 Dpto A</u>	<input checked="" type="checkbox"/> Add
		<u>Ciudad Autónoma de Buenos Aires, Argentina</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2024 AUG 1 AM 4:12
FBI - TAMPA
TAMPA, FL 33601

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 1, 2024

David Gabriel Torres Viera

Signature of a member or authorized representative of a member

DAVID GABRIEL TORRES VIERA

Typed or printed name of signee

Filing Fee: \$25.00