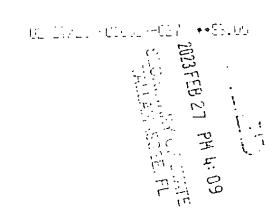
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: CUPO	icabana LLC	•	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Luana	Peixoto Name of Person	
			2023 FEB 27
		Firm/Company	EB 2
	163 Corrin	o Place Address	
		Address	PH 4: 09
	Key Largo	FL 33037 City/State and Zip Code	그 2 등 9
	the Cupaco E-mail address:	to be used for future annual report notification	COM fication)
For further information co	ncerning this matter, please c	all:	
Luana R Name of	Leixoto Person	at (<u>305</u>) <u>304</u> - Area Code Daytime	3796 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Sec	
Division of Co	лроганона	Division of Cor	Porunona

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords,)
The Articles of Organization for this Limited Liability Compa	nny were filed on	and assigned
Florida document number <u>L22000 455901</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "I.	
Enter new principal offices address, if applicable:		023
cipal office address MUST BE A STREET ADDRESS)		
	 -	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		17.0
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ada	tress
		Florida
	City	zip Coae

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Luana Peixoto	163 Corrine Place	5 /Add
		Key Largo, FL 33037	□Remove
			□Change
			□Add
			Remove Remove Re
			□ □Remove □ □ □ □ Change
			□Add
			□Remove
			□Change
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ective date, if other than the date of fineffective date is listed, the date must be specificate: If the date inserted in this block does nument's effective date on the Department	and cannot be prior to of meet the applical	o date of filing or mor ble statutory filing	(optio e than 90 days after trequirements, this	iling.) Pursi	uant to 605 not be liste	i.020 ed a
cord specifies a delayed effective date, but s filed.	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th	ı day afte	r the
Gud February 22 Yuana (. 2023					