7/11/23, 11:52 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : I20070000033

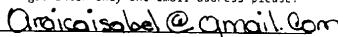
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Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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S. ROBERTS

JUL 13 2023

	COVER LETTER
	iew Filing Section Division of Corporations
eup iec	r. MESSIBILO
SUBJEC'	F: NESSUP LLC Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please reti	arm all correspondence concerning this matter to the following:
	ANA ISABEL ARAICA
	Name of Person
	ISABEL ARAICA ACCOUNTING & TAX SERVICES, INC
	Firm/Company
	4011 WEST FLAGLER STREET SUITE 501
	Address
	CORAL GABLES, FL 33134
	City/State and Zip Code
	araicaisabel@gmail.com
	E-mail address: (to be used for future annual report notification)
or fu rthe r	information concerning this matter, please call:
	Ana Isabel Araica at (305) 649-7040
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□\$125.0	O Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Street Address

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> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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(additional copy is enclosed)

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited Liability Company were filed on 12-14-2022 and assigned 22000*5*23613 Fiorida document number 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 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 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. Thereby 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

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<u>1 HIe</u>	Name	Address	Type of Action
AMBR	MARIA JOSE VELAZ	DUEZ 10750 SW 88th st	&Add
		API J MIAMI-FL 33176	≥ _ ⊒Reinove
			©Change
			🗆 Add
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	**************************************		□Add
			□Remove
			_ DChange
			_ DAdd
			ORemove
			IChange
			OAdd
			⊡Remove
			_ CChange
			🗀 \dd
			DChange

Signature of a member or authorized representative of a member

TRIME ANTONIO CUADRA

Typed or printed name of signor

Filing Fee: \$25.00