lax, +18885334730

To:

Fax: +18506176381

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6/8/24, 14:24

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

Fram:

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.

filings@usacorporationservices.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Erican (Name of the Limited Liability Compa (A Florida Limited L			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/20/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5577 Laurel Cherry Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, Florida, 34787		
Enter new mailing address, if applicable:	5577 Laurel Cherry Ave.		
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, Florida, 34787		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
Non-Desirement transfer Community of the color Desirement Association	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

' Fax: +18885334730

To:

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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>	Type of Action
MGRM_	J <u>UAN CAMILO GOMEZ POSADA</u>	5577 Laurel Cherry Ave.	🗆 Add
		Winter Garden, Florida, 34787	□Remove
			☑ Change
MBR	ERIKA SANTA CORREA	5577 Laurel Cherry Ave.	🗆 Add
		Winter Garden, Florida, 34787	□ Remove
			⊠Change
			🗆 Add
			Remove
			□Change
			🗆 Add
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Note: If the da	e, if other than the date to is listed, the date must be spate inserted in this block defective date on the Departn	es not meet the applic	able statutory	(opt or more than 90 days afte filing requirements, th	ional) or filing.) Pursuant to 605.0207 is date will not be listed as
e record specifird is filed.	ies a delayed effective date	but not an effective ti	ime, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
Dated	August 06	2024	·		
_	Signat	Juan Camilo	Gomez F orized represent	Posada ative of a member	
			OGOMEZ PC		

Fax: +18506176381

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To: