

L22-000534723
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 : (727)914-5090

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

Email Address: info@usacorporationservices.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COSINTE LLC**

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COSINTE 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 12/27/2022 and assigned
Florida document number L22000534723.

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)

1900 N Bayshore Dr. Suite 1A #136-1055
Miami, FL 33132, US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 N Bayshore Dr. Suite 1A #136-1055
Miami, FL 33132, US

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: LUPA ENTERPRISES INC

New Registered Office Address: 100 SE 2ND ST, SUITE 2000

Enter Florida street address

Miami, Florida 33131
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.

Lupa Enterprises INC

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>
AMBR	LUIS SALOMON MURIEL URBINA	1900 N Bayshore Dr, Suite 1A #136-1055	<input type="checkbox"/> Add
		Miami, FL 33132, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RAUL HERNAN MURIEL BOTERO	1900 N Bayshore Dr, Suite 1A #136-1055	<input type="checkbox"/> Add
		Miami, FL 33132, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VERONICA PALOMA MURIEL URBINA	1900 N Bayshore Dr, Suite 1A #136-1055	<input type="checkbox"/> Add
		Miami, FL 33132, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ISABELLA MURIEL OROZCO	1900 N Bayshore Dr, Suite 1A #136-1055	<input type="checkbox"/> Add
		Miami, FL 33132, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CAMILA JULIETA GUTIERREZ BERMUDEZ	1900 N Bayshore Dr, Suite 1A #136-1055	<input type="checkbox"/> Add
		Miami, FL 33132, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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:

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Dated

Signature of a member or authorized representative of a member

RAUL HERNAN MURIEL BOTERO

Typed or printed name of signee

Filing Fee: \$25.00