

**L 23000001247**  
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.com

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2023 OCT 11 PM 4:20

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2023 OCT 11 PM 9:05

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LURIMA GROUP, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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S. ROBERTS

OCT 12 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LURIMA GROUP, 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 01/03/2023 and assigned Florida document number L23000001247.

This amendment is submitted to amend the following:

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

ML TRADE & INVESTMENTS, LLC

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)

Form with three horizontal lines for address entry and a vertical timestamp '2023-11-11 AM 9:05' on the right side.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Form with three horizontal lines for address entry.

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:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the state, with 'Florida' pre-filled.

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.

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>
MGRM	RICARDO ROJAS MONROY	JORGE ADOUM, QUITO, PICHINCHA EC 17018-4 EC	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	LUIS DAVID MUÑOZ MORALES	Valencia S13-274 y calle Madrid Lumbisi - PICHINCHA POBOX: 170184 Quito, Ecuador.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	LUIS ALFREDO MUNOZ CARRASCO	VALENCIA, QUITO PICHINCHA, EC 17018-4 EC	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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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 October 11 , 2023

*Luis Alfredo Muñoz Carrasco*  
 Signature of a member or authorized representative of a member

LUIS ALFREDO MUNOZ CARRASCO  
 Typed or printed name of signee