Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000346831 3)))



H230003468313ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 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

Q-LEC AMND/RESTATE/CORRECT OR M/MG RESIGN FREEDOM TML GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

001 - 4 2023

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 3 of 5

3/10/2023 12:12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	M TML GROUP LLC	
(A Florida L.	Company as it now appears on our records, mited Liability Company)	,
The Articles of Organization for this Limited Liability Conflorida document number <u>L23000001765</u>	npany were filed on01/03/2023	and assigned
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	SS)	1
		· · · · · · · · · · · · · · · · · · ·
		= =
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered ongent and/or the new registered office address here:	ffice address on our records, <u>enter tl</u>	ie name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	, Flor	rida 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 Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 5

3/10/2023 12:12

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
<u>MBR</u>	ANDREY MORENO TORRES	Cra 76 a # 131 - 21 casa 15 Bogota Colombia 111176	X Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

om: Luis Grillo	Fax: 18885334730	To:	Fax: (850) 617-6381	Page: 5 of 5	3/10/2023 12:12
, • •					
D. If amend	ing any other informat	ion, enter change(s) here: (Attach additional she	ets, if necessary.)	
					
					
					
	····		<u></u>		
			****		· · · · · · · · · · · · · · · · · · ·
			•		
					-
				•	
					
-	· · · · · · · · · · · · · · · · · · ·		· ·		
Note: If the	date, if other than the date must he date is listed, the date must he date inserted in this blo's effective date on the De	ck does not meet the a	e prior to date of filing or more than 9 applicable statutory filing require cords.	(optional) 00 days after filing.) Pements, this date wi	ursuant to 605.0207 (3)(If not be listed as the
If the record sprecord is filed.	occifies a delayed effective	date, but not an effec	tive time, at 12:01 a.m. on the ea	urlier of: (b) The 9	Oth day after the
Dated	September 22		3		

Filing Fee: \$25.00

Liz Tatiana garcia Roncancio
Signature of a member or authorized representative of a member

LIZ TATIANA GARCIA RONCANCIO
Typed or printed name of signee