From Luciana Mordini 1.727.914.5090 Thu Apr 20 16:38:16 2023 UTC Page 1 of 4 20/4/23, 13:25 Division of Corporations

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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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZNG LLC

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## ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

| ZNG LLC  |   |                            |               |         |               |
|--|---|----------------------------|---------------|---------|---------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Linuted I       | ny as it now appear                     | x on our records.)         |               |         |               |
| (A Torida Ellined E  | naomy Company)                          |                            |               |         |               |
| The Articles of Organization for this Limited Liability Company            | were filed on                           | 01/04/2023                 | and ass       | signed  |               |
| Florida document number L23000002877                                       |   |                            |               |         |               |
| This amendment is submitted to amend the following:                        |   |                            |               |         |               |
| A. If amending name, enter the new name of the limited liabi               | lity company he                         | <u>rre</u> :               |               |         |               |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the de                    | esignation "LLC" or the ab | breviation "L | .L.C."  | · <del></del> |
| Enter new principal offices address, if applicable:                        |   |                            |               |         |               |
| (Principal office address MUST BE A STREET ADDRESS)                        |   |                            |               |         |               |
|  |   |                            | ,             |         | _             |
| Enter new geniting address if went cable                                   |   |                            |               |         |               |
| Enter new mailing address, if applicable:                                  | *************************************** |                            |               |         | _             |
| (Mailing address MAY BE A POST OFFICE BOX)                                 |   |                            |               |         | _             |
|  |   |                            | <del></del>   |         | _             |
| B. If amending the registered agent and/or registered office a             | ddress on our ro                        | ecords, enter the name     | e of the nev  | v regis | stered        |
| agent and/or the new registered office address here:                       |   |                            | -             | 2023    |               |
|  |   |                            | -             | دي      |               |
| Name of New Registered Agent:  |   |                            |               | APF     | =             |
|  |   |                            | •             | N       | =::-          |
| New Registered Office Address:   | Poten Et                                | ida street address         | -             | 0       | <del></del>   |
|  | rater ruor.                             | ida sareci tagaress        |               | $\geq$  |               |
|  |   | , Florida                  |               |         |               |
|  | Ciţy                                    |                            | Zip Code      |         | -             |
| New Registered Agent's Signature, if changing Registered Agent:            |   |                            |               | 2       |               |

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> | Name                  | Address   | Type of Action |
|--------------|-----------------------|---|----------------|
| MGRM         | SANTIAGO GUZMAN LOPEZ |   | □Add           |
|              |                       | 100 LUDLAM ST, MIAMI, FL 33155                          |                |
|              |                       |   | □Change        |
| MGRM         | PABLO ZARCO           | 19 AV, 16-03 Zona 10, Guatemala<br>Guatemala, CP: 01010 |                |
|              |                       |   | Петюче         |
|              |                       |   | Clymge         |
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|              |                       |   | □Remove        |
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|              |                       |   | □Remove        |

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| <u>ote:</u> 11 (n                       | date, if other than the e date is listed, the date must be date inserted in this bloss effective date on the De | ck does not n    | eet the applica            | o date of filing                       | or more than %<br>filing requires | (options) days after fili<br>nents, this da | al)<br>ng ) Pursuant to<br>ate will not be | 605.0207<br>listed as |
| record spo<br>is filed.                 | ecifics a delayed effective   | date, but not    | an effective tir           | ne, at 12:01 a                         | i.m. on the ear                   | lier of: (b)                                | The 90th day a                             | ifter the             |
| ited                                    | April 20  |                  | 2023                       | <del></del> ·                          |                                   |   |  |                       |
|   |   | Signature of a n | tiago X<br>rember branthon | Yuzma<br>rized represent               | n Zope                            | Çı  |  |                       |
|   |   |                  | SANTIAGO (                 |  |                                   |   |  |                       |

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