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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.

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S. ROBERTS

MAY 2 3 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSUMOS JUE	DIMA SAS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our l Liability Company)	vcords.)	
The Articles of Organization for this Limited Liability Company	were filed on02/01/	2023 and assigned	
Florida document number L23000049472			
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	lity Company," the designation	"LLC" or the abbreviation "L. L.C."	
Enter new principal offices address, if applicable:		- 123	
(Principal office address MUST BE A STREET ADDRESS)			
		ָיִיד <u>.</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		 2	
www.	·	9	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street (address	
	, Florida		
	City	Zıp 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>	Name	<u>Address</u>	Type of Action
MGRM	DIEGO ARMANDO CHAVES CHAV	VEZ CARRERA 6 NO. 14 - 98 BOGOT COLOMBIA 110001	A □ Add
			_
			_ Change
MGRM	RUBEN DARIO CHAVES PAEZ	KR 19B 85 53, APT 802, CUNDINAMARCA, BOGOTA	🖾 Add
		COLOMBIA, 110110	□Remove
			_ Clange
			□Add
			_ □Remove
			_ Change
			🗆 Add
			DRemove
			_ Clyinge
			□ Add
			[]Remove
			Change
			_ 🗆 Add
			_ 🗆 Remove
			_ □Change

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
		
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		<u> </u>
		
		
		
		····
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursi block does not meet the applicable statutory filing requirements, this date will r	uant to 605.0207 (3)(b) not be listed as the
f the record specifies a delayed effect ecord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
Dated May 22,	. 2023	
	Nigar Asmanda Chaire Chaire	
	Signature of a member or authorized representative of a member	
	DIEGO ARMANDO CHAVES CHAVEZ	
	Typed or printed name of signee	

- From Luciana Mordini 1.727.914.5090 Mon May 22 17:44:46 2023 UTC Page 4 of 4

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