

4/14/23, 11:20 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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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.\*\*

Email Address: filings@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SELF - DEFENSE EMPORIUM LLC

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M. SOLOMON  
APR 17 2023

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Corporate Filing Menu

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SELF - DEFENSE EMPORIUM 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 03/07/2023 and assigned Florida document number L23000105527

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)***

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>
<u>MGRM</u>	<u>Cosinte LLC</u>	<u>1900 N BAYSHORE DR. SUITE1A #136-1055 MIAMI, FL 33132</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>MGRM</u>	<u>Veritas Training Academy LLC</u>	<u>1900 N BAYSHORE DR. SUITE 1A #136-1860. Miami, Florida, 33132, United States</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>AMBR</u>	<u>USA Vesta LLC</u>	<u>1900 N Bayshore Dr Suite 1A #136 -1964, Miami, Florida, 33132, United States</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>AMBR</u>	<u>Virtus LLC</u>	<u>1900 N Bayshore Dr Suite 1A #136 -2037, Miami, Florida, 33132, United States</u>	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>MGRM</u>	<u>RAUL HERNAN MURIEL BOTERO</u>	<u>10963 SW 124TH RD, MIAMI, FL 33176</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change

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Dated April 14, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**