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.

(((H24000320976 3)))



H240003209763ABC0

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 : 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:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RENTSCORP LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

SEP 23 7024

K. Brumbley

From: Luis

Fex: +18885334730

To:

Fax: +18506176381

Page: 3 of 5

20/09/2024 12:39

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Marie - | 01 | | | | |
|--|---|------------------------------|--------------------|--|--|
| | Rentscorp LLC | | | | |
| (Name of the Limi | ted Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | | | |
| i.e., | (N Florida Elimited Eliability Company) | | | | |
| The Articles of Organization for this Limited L | iability Company were filed on | 04/20/2023 | and assigned | | |
| Florida document numberL23000195 | 199 | | | | |
| This amendment is submitted to amend the following | lowing: | | | | |
| A. If amending name, enter the new name of | of the limited liability company her | <u>e</u> : | | | |
| The new name must be distinguishable and contain the | usada 91 imirud 1 iabiling Commung Saba da | innerious of LCV and hands | hamilton of 1 C v | | |
| the new name must be distinguishable and contain the | words illimited Liability Company, the des | ignation TLLC or the abi | previation "L.L.C. | | |
| Enter new principal offices address, if applie | cable: | | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | 2 | | |
| | | | 1211 | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | . 20 | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| | | | · | | |
| | | | 1/2 | | |
| B. If amending the registered agent and/or | registered office address on our rec | ords, <u>enter the name</u> | | | |
| agent and/or the new registered office addre | ess here: | | | | |
| | | | | | |
| Name of New Registered Agent: | . | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florid | Enter Florida street address | | | |
| | | Florida | | | |
| | 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.

From: Luis

Fax: +18885334730

To:

Fax. +18506176381

Page: 4 of 5

20/09/2024 12:39

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 |
|--------------|-----------------------------------|---------------------------------|----------------|
| AMBR | NAVARRO, GIANCARLO | 16742 ROYAL POINCIANA DR | 🗆 Add |
| | | FORT LAUDERDALE, FL 33326 | ⊠ Remove |
| | | | □Change |
| AMBR | ZEGARRA PASTRANA MARCELO GUILLERM | O 66 WEST FLAGLER ST, SUITE 900 | Ы∧dd |
| | | MIAMI, FLORIDA, 33130 | □Remove |
| | | | Change |
| | | | DAdd |
| | | | □Remove |
| | | | □Change |
| | | | DAdd |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | 🗖 Remove |
| | | | []Change |

To:

| . If amendin | g any other information, er | nter change(s) here: (| Attach additional sheet. | i, if necessary.) | |
|----------------------------------|--|--|---------------------------------|---------------------------------------|-----|
| | | _ | | | |
| <u>.</u> | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | <u> </u> | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| , — | | | | | |
| i. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (If an effective Note: If the | ate, if other than the date of date is listed, the date must be spec- date inserted in this block doe- effective date on the Departme | itic and cannot be prior to d s not meet the applicable | ate of filing or more than 90 o | | |
| lie record spec ord is filed. | cifies a delayed effective date. b | out not an effective time. | at 12:01 a.m. on the earli | er of: (b) The 90th day after | the |
| • | | | | | |
| Dated | September 20 | | | | |
| | | David Pa | | | |
| | Signatur | e of a member of authorize | ed representative of a membe | r | |
| _ | | David Pa | | | |
| | | Typed or printed n | aine of signee | | |