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Division of Corporations

Florida Department of State
Division of Corporations
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L23000228161

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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
SLS BUSINESS DEVELOPMENT LLC

| | |
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APPROVED
AND
FILED

AUG 15 2023
K. Brumbley

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SLS BUSINESS DEVELOPMENT 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 05/09/2023 and assigned
Florida document number L23000228161.

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

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.

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF THE COURT
JANUARY 11, 2023

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>AMBR</u> | <u>OLIVEROS, SOFIA</u> | <u>854 KILLARNEY LANE. AUBURNDALE,</u> | <input type="checkbox"/> Add |
| | | <u>FL 33823</u> | |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |

| | | | |
|------|--------------------|---|--|
| AMBR | MARTINEZ, CAMILO A | 854 KILLARNEY LANE, AUBURNDALE, FL 33823 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |

| | | | |
|-------------|-------------------------------|--------------------------------------|---|
| <u>AMBR</u> | <u>MARIA CECILIA BERMUDEZ</u> | <u>854 KILLARNEY LANE, AUBURNDAL</u> | <input checked="" type="checkbox"/> Add |
| | | <u>FL 33823</u> | |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | |
|------|--|---|
| AMBR | SLS DISTRIBUTION PRODUCE AND FRANCHISE LLC | <input checked="" type="checkbox"/> Add |
| | 1905 INTERMODAL CIR. STE 321 | <input type="checkbox"/> Remove |
| | PALMETTO, FL 34221 | <input type="checkbox"/> Change |

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add
 _____ ☐ Remove
 _____ ☐ Change

