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Fax Number : (850)617-6383

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Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)298-8007

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SAMAR 2023			
(Name of the Limited (A	Liability Compan	y as it now appea	rs on our records.)	
The Articles of Organization for this Limited Link Florida document number <u>L23000231433</u> This amendment is submitted to amend the follow	pility Company v	•	05/10/2023	and assigned
A. If amending name, enter the new name of the	he limited liabil	ity company h	ere:	
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the d	lesignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	21165 Heln	nsman Drive, G14	1,
(Principal office address MUST BE A STREET	ADDRESS)	Aventura, F	Florida, 33180, Un	nited State
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ารา		msman Drive, G1- Florida, 33180, Ur	~ ~ ~
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office ac			<u> </u>
Name of New Registered Agent:	Consuelo V	/ilar		
New Registered Office Address:	21165 Helmsman Drive, G14 Pater Florida street address			
	Aventura	а	. Florida	33180
		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.

Consulto Vilar

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
AMBR_	SARMIENTO, MARIO A	1071 W 51ST PL HIALEAH, FL 33012	UN□Add
			X)Remove
			Clange
AMBR	Mario Alberto Sarmiento Estupiñar	21165 Helmsman Drive, G14, Aventura, Florida, 33180, United State	
			🗆 Remove
			□Change
AMBR	RONCACIO, ISABEL A	1071 W 51ST PL HIALEAH, FL 33012 UN	□Add
			[XRemove
			□Change
AMBR	Mabel Adriana Roncancio Arana	21165 Helmsman Drive, G14, Aventura, Florida, 33180, United State	X 0Add
		Aventura, Florida, 33 160, Offited State	🗆 Remove
			Change
			CJAdd
			[]Remove
			CChange
			CJAdd
			DRemove
			Cleaner

From Luciana Mordini 1.727.914.5090 Wed May 24 15:18:05 2023 UTC Page 4 of 4

D. If amo	nending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
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E. Effectiv	ive date, if other than the date of filin	g:(optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)
Note:	If the date inserted in this block does not rement's effective date on the Department of S	meet the applicable statutory filing remirements, this date will not be listed as the
If the record	d specifies a delayed effective date, but not led.	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	May 24	2023
		ario Alberto Sarmiento Estupiñan member or anthonized representative of a member
	Signature of a	member or anthorized representative of a member
		Mario Alberto Sarmiento Estupiñan
		Typed or printed name of signee