

From: Luis Grillo
9/15/23, 4:16 PM

Fax: 18805334730

To:

Fax: (850) 617-6381

Page: 3 of 6

18805334730

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23 000231433

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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: filings@usacorporationservices.com

FILED
2023 SEP 22 09:24 AM
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INSAMAR 2023 LLC

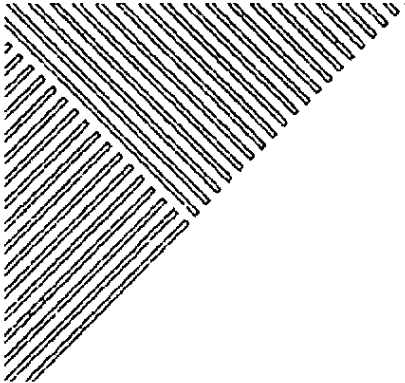
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Corporate Filing Menu

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AK



Luciana Mordini
100 Se 2nd St, Suite 2000
Miami, FL 33131

September 18, 2023

To Florida Department of State

We are resending these documents, first send on **September 14,**
2023 because we still haven't received an aproval.

Please send it as soon as posible.

Additional fax number: (305) 397 - 0980

FILED
2023 SEP 20 AM 9:34
STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSAMAR 2023 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 05/10/2023 and assigned Florida document number L23000231433.

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 "L.L.C." or the abbreviation "LLC."

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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 TALLAHASSEE FL

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>
AMBR	RONCANCIO ARANA, MABEL ADRIANA	21165 HELMSMAN DRIVE, G14 AVENTURA, FL 33180	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

STATE OF FLORIDA
TALLAHASSEE, FL

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 SEP 20 AM 9:34
SOUTH DAKOTA
TALLAHASSEE, FL

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Sep 15, 2023

Mario Alberto Sarmiento Estupiñán

Signature of a member or authorized representative of a member

SARMIENTO ESTUPINAN, MARIO ALBERTO

Typed or printed name of signee

Filing Fee: \$25.00