

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H24000182249 3)))



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.\*\*

filings@usacorporationservices.com Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SULOINCA, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

REY 1 1014

j 11

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

SULOINCA, LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed o	n 05/12/2023	_ and assigned
Florida document number <u>L23000236592</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	024
	+:	
	·:	2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	<u> </u>	. 2
3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here:	our records, <u>enter the name o</u>	of the new regi
Name of New Registered Agent:		_
New Registered Office Address:		
Ente	r Florida street address	
	, Florida	
City		Zip Code

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>	Address	Type of Action
<u>MGRM</u>	Jose Enrique Sanabria Surga	5917 Bent Pine Dr, Apto 428	( <b>X</b> ) Add
		Orlando, Florida, 32822	Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change
			⊟Add
			□Remove
			🗆 Change
<del></del>			🗀 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change

	<del></del>
	· <del></del>
<del></del>	
Note: If th	late, if other than the date of filing:
f the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 21
	Alfredo Lara Nacache Domingo Signature of a member or authorized representative of a member
•	Signature of a member or authorized representative of a member
	ALFREDO LARA NACACHE DOMINGO

Filing Fee: \$25.00