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Division of Corporations

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Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-8007 : (305)397-0980 Fax Number

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VENEGAS & AS (Name of the Limited Liability Compar (A Florida Limited L.	SOCIADOS LLC iv as it now appears on our iability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000238553</u>	were tiled on <u>05/15</u>	/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company bere:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the a	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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records. Enter Florida stree		PILED FILED
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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 didies, 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>	Name	Address	Type of Action
MGRM	FLORENCIO VENEGAS GONZA	PALMETTO, FL 34221	66B _{□Add}
			EIRemove
			XIClunge
MGRM	ADRIAN VENEGAS GONZALEZ	900 21ST STREET EAST APT 56B PALMETTO, FL 34221	🗀 Add
			□Remove
			&JClkinge
MGRM	NICOLAS VENEGAS VENEGAS	900 21ST STREET EAST APT 56B PALMETTO, FL 34221	□Add
			CRemove
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		Signature of a me	mon Vine	ded representative	e of a member	******************	

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