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Division of Corporations Fax Number : (850)617-6383

from:

Account Name : LUPA ENTERPRISES INC Account Number : 129100000050 |
Phone : (727)298-8007 |
Fax Number : (385)397-0980

Enter the email address for this pusiness entity to be used for future annual report mailings, Enter only one email address please.

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Sar 15 2023

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

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14/9/2023 12:57

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALCON TRAIL	NING LLC		
(<u>Name of the Limited Linbility Cor</u> (A Florida Limit	npany as it now appe ed Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Comparitorida document number <u>L23000249108</u> .	iny were filed on _	05/19/2023	and assigned
iorida document number			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company l	<u>iere</u> :	
he new name must be distinguishable and contain the words "Limited Li	ability Company " the	designation "LLC" or the	abbreviation I C "
	anning company, the	The contract of the	ور ا
nter new principal offices address, if applicable:			
<u> Principal office address MUST BE A STREET ADDRESS)</u>			<u>-</u>
			.5
nter new mailing address, if applicable:			 ა
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	ce address on our	records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida _	
·	City		Zin 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.

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 5

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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
MGRM	CLAUDIA ANDREA VILLALOBOS MONTES	CONCORDIA 4240. SANTIAGO REGION METROPOLITANA	⊠∧dd
		CHILE. 8311213	Remove
			Change
<u>AMBR</u>	CE <u>SAR ALEJANDRO HOFFMANN</u> CAMPO	OS SANTA JULIA 300, DPTO 303 SANTIAGO, REGION METROPOLITANA CHILE, 7760129	⊠Add
			🗆 Remove
			□Change
AMBR	PAUL SEBASTIAN BOETTIGER BONNEFO	Y DEL MIRADOR 2255, DPTO 302 SANTIAGO, REGION METROPOLITANA	X I) Add
		7640867, Chile	□ Remove
			□Change
AMBR	RODRIGO MATIAS MARTINEZ MORALES	MARILUAN 6822.	⊠ ∧dd
		SANTIAGO. REGION METROPOLITANA 8591059, Chile	□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If ame	nding any other	information, enter	change(s) here	: (Attach addit	onal sheets, if neces	ssary.)	
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Note:	If the date inserted	than the date of files the date must be specificated in this block does not be on the Department of	t meet the applica	ible statutory filii	option (option one than 90 days after fing requirements, this	nal) iling.) Pursuant to 605.0 date will not be listed	1207 (3)(b I as the
If the record		ed effective date, but r	not an effective tii	ne. at 12:01 a.m.	on the earlier of: (b)	The 90th day after t	the
Dated _	SEP 14	·	2023				
			Alvaro -				
		Signature of	a member or autho	rized representativ	e of a member		
			ALVARO FA	LCON			

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Typed or printed name of signee