19/12/24, 15:31

Fax: +18506176381

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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FALCON TRAINING LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALC	CON TRAINING LLC		
(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on ida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	05/19/2023	and assigned
Florida document numberL23000249108	,		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	united Liability Company," the design	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			~;
3. If amending the registered agent and/or register	ed office address on our recor	ds, enter the name	~)
gent and/or the new registered office address here	;		-1
Name of New Registered Agent:			 <u>-</u> -
New Registered Office Address:			₿
	Enter Florida st	reet address	22
		Florida	
	Сііу		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.

From: Luis Grillo

Fax: +18885334730

To:

Fax: +18506176381

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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

Title	Name	Address	Type of Action
MGRM	VILLALOBOS MONTES, CLAUDIA ANDREA	CONCORDIA 4240, SANTIAGO	🗆 🗅 Add
		REGION METROPOLITANA, CHILE 77601-29 CL	⊠Remove
			🗆 Change
			□Add
			□ Remove
			Change
			DAdd
			□ Remove
			□Change
			🗆 Add
			Remove
			🗆 Change
			□Adđ
			Remove
			Change
			□Add
			Remove
			□Change

). If amendii	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u></u>		
	······································	
Note: If the	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 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	207 (3)(as the
he record spe ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	December 19 2024 .	
_	Falcon Vera Alvaro S Signature of a member or authorized representative of a member	
-	FALCON VERA, ALVARO S Typed or printed name of signee	