

6/5/23, 3:10 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230002032193ABCW

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To:

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

From:

Account Name : LUPA ENTERPRISES INC
Account Number : I20200000050
Phone : (727)296-8007
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

RECEIVED

2023 JUN -5 PM 4:45

FLORIDA
DIVISION OF
CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ECONOMY AND DIPLOMACY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 JUN -5 PM 2:23

Electronic Filing Menu

Corporate Filing Menu

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T. LEMIEUX
JUN -6 2023
T. LEMIEUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ECONOMY AND DIPLOMACY 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 06/01/2023 and assigned
Florida document number L23000264268.

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 "LLC" or the 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 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

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>
MGRM	JUAN SUAREZ IGLESIAS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Velazquez N37, primera planta, Madrid	<input checked="" type="checkbox"/> Change
		Madrid, Spain, CP: 28001	
MBR	GLORIA HERNANDEZ CABALLERO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Velazquez N37, primera planta, Madrid	<input checked="" type="checkbox"/> Change
		Madrid, Spain, CP: 28001	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated Jun 05 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00