(9/13)23₁ 4:15 PM

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 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.

Email Address: filings@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DUKRONS USA LLC**

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Help

SEP 18 21/3

From: Luis Grillo

•

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 6

15/9/2023 13:28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUKRONS	S USA LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\underline{L23000287025}$	oany were filed on <u>06/14/2023</u>	and assigned
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 I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	·
Enter new mailing address, if applicable:		<u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>َی</u> :
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	īce address on our records, <u>enter the na</u>	me of the new registered
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.

From: Luis Grillo

Fax: 18885334730

To.

Fax: (850) 617-6381

Page: 5 of 6

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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>	Name	Address	Type of Action
MGRM	COHEN HABER, LILIAN	AVE CLUB DE GOLF 8. DEPTO B5, LAS NUBES HUIXQUILUCAN. ESTADO DE MEXICO 52787 MX	_ □Add (
			_ ⊠Remove
			_ □Change
<u>MGRM</u>	COHEN HABER, GALIA	AVE CLUB DE GOLF 8, DEPTO B5, LAS NUBES	_
		HUIXQUILUCAN, ESTADO DE MEXICO 52787 I	MX _ ⊠Remove
			_ □Change
MGRM	INSPIRACION EN CHOCOLATE S.A. DE	C.v. C. Lago Zurich 531, Francisco I. Madero, Miguel Hidal	_ ∕ ∑ i∧dd GO .
		11480 Ciudad de México	_ 🗆 Remove
			_ 🗆 Change
			_ □Add
			_ 🗖 Remove
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an effect <u>ote:</u> If	e date, if other the five date is listed, the of the date inserted in it's effective date or	date must be specif this block does	fic and cannot be prion not meet the applic	r to date of filing of cable statutory f	or more than 90 days a	ptional) fter filing.) Pursuant to this date will not be	605.0207 listed as
record s is filed	•	effective date, bu	it not an effective t	ime, at 12:01 a.	m. on the earlier of	: (b) The 90th day	after the
ated	Sep 08		. 2023	<u> </u>			
		Signature	then Hab	er Zili	an tive of a member		
			of the file in the control of the co	•			

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