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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 Phone : (727)298-800

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 DIGITAL TRUSTED ADVISOR LLC

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A. RAMSEY NOV 15 2004 ÷

Fax: (850) 617-6381

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

14/11/2024 15:27 2024 HOY 14 AM 11:57

DIGITAL TRUSTED ADVISOR LLC (Name of the Limited Liability Company as it now appears on our records.)

(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	,,			
The Articles of Organization for this Limited Liability Com	npany were filed on	07/05/2023_	and assigned	
Florida document number <u>L23000317970</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	l liability company here	:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	gnation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	2 S Biscayne	2 S Biscayne Boulevard Suite 3200 #2763.		
Principal office address MUST BE A STREET ADDRES	Miami, Flori	Miami, Florida, 33131, United States		
Enter new mailing address, if applicable:	2 S Biscayr	ne Boulevard Sui	ite 3200 #2763	
(Mailing address MAY BE A POST OFFICE BOX)	Miami,Flo	Miami, Florida, 33131, United States		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	ords, <u>enter the nam</u>	e of the new regist	
	LUDA ENTERRE	21050 1110		
Name of New Registered Agent:	LUPA ENTERPRISES INC.,			
New Registered Office Address:	100 SE 2ND STREE	0 SE 2ND STREET SUITE 2000		
	Enter Florida street address			
	MIAMI	, Florida	33132	
	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.

Luciana Mordini
If Changing Registered Agent. Signature of New Registered Agent

From: Luis Grillo\*

MGR = Manager

· Fax: 18885334730

To:

Fax: (850) 617-6381

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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:

$\Delta$ MBR = $\Delta$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			□Change
			□ Add
		·····	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	Remove
		<del></del>	□Change
		<del></del>	□Add
			Remove
			Change
			□ Add
		<del></del>	Remove
			□Change

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From: Luis Grillo\*

· Fax: 18885334730

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Daniel Guillen
Typed or printed name of signee