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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 Phone 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 FEROM LOGISTICS LLC

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Help

SEP 18 223

From: Luis Grillo

Fax: 18885334730

Fax: (850) 617-6381

Page: 4 of 6

15/9/2023 13:14

## ARTICLES OF AMENDMENT " TO ARTICLES OF ORGANIZATION OF

	LOGISTICS LLC	de )
(A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>us.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on08/10/2023	and assigned
Florida document number <u>L23000377648</u>	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. ,
Principal office address MUST BE A STREET ADDR	RESS)	•
		:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	
		lorida

## 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

15/9/2023 13:14

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
MGR	MANUEL RIVERA, VICTOR	12807 STRONE LN WINDERMERE	🗆 🖊 🗆 🗸 🗆 🗸
		MIAMI, FL 34786	<b>⊠</b> Remove
			□Change
<u>MGRM</u>	GOMEZ LOAIZA, FELIPE	12807 STRONE LN WINDERMERE MIAMI, FL 34786	🗆 Add
			□ Remove
			⊠Change
MGR	MONTOYA RANDALL SAMUEL	7421 GILA RD. NE, ALBUQUERQUE NUEVO MEXICO, 87109, USA	🖾 Add
			🗆 Remove
			□Change
			🗆 🗅 Add
			🗆 Remove
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(If an offer <u>Note:</u> I	ctive date is listed, the fithe date inserted	han the date of filing: _e date must be specific and can in this block does not meet on the Department of State	not be prior to date o the applicable stat	f filing or more than 90 da		
If the record record is file	•	l effective date, but not an o	effective time, at 1	2:01 a.m. on the earlie	r of: (b) The 90th day	after the
Dated _	Sep 13	,	2023 .			
		Felipe Signature of a mem	gomey of	oaiza		_
		GOMEZ	LOAIZA. FELIPE	=		

Typed or printed name of signee