Floring Department of State Division of Corporations Electronic Pring Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000421353 3)))



H230004213533ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 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 IMPERIAL CONSTRUCTIONS JD LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

Imperial Con	structions JD	LLC	
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears lability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL23000387717	were filed on	08/17/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
Imperial Luxe Constr	uctions LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the des	ignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			ر: ۲
(Principal office address MUST BE A STREET ADDRESS)			•
			· -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
imming maress may be a root of the boxy			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of r provided for in C	ny duties, and I am fe hapter 605, F.S. Or, i	amiliar with and if this document is

From: Luis Grillo	* Fax: 18885334730	To:	Fax: (850) 617-6381	Page: 4 of 5	11/12/2023 10:42

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
	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 🗀 Add
			Remove
			□Change
			□Add
			Remove
			□ Change
			DAdd
			Remove
			□Change
			□Add
			☐ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

uis Grillo	Fax: 188853	34730 To	:	Fax: (850) 617-6381	Page: 5 of 5	11/12/2023 10:42
. If amen	ding any other	information, e	nter change(s) here	e: (Attach additional si	heets, if necessary.)	
_						
		_				
		· · ·	····			
	<u>. </u>			······································		•
			· · · · · · · · · · · · · · · · · · ·			
						
	· · · · · · · · · · · · · · · · · · ·					
_						
_						
				<u></u>		
<u>Note:</u> If	the date inserted	l in this block do	of filing: ceific and cannot be prior cs not meet the applic cent of State's records	to date of filing or more that cable statutory filing requ	(optional) n 90 days after filing.) Pu irements, this date wil	rsuant to 605,020 I not be listed as
the record cord is filed		ed effective date.	but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 9	Ith day after the
Dated _	Dece	mber 11	. 2023			
			Wolderson	n. (Mautitla, Tuav.		

Filing Fee: \$25.00

VALDERRAMA MANTILLA JUAN DAVID

Signature of a member or authorized representative of a member

Typed or printed name of signee