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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. **

filings@usacorporationservices.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GABBIANO AIR CARGO LLC

| Certificate of Status | 0 |
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Help

From: Luis Grillo

Fax: 18885334730

Fax: (850) 617-6381

Page: 2 of 5

4/4/2024 11:54

ARTICLES OF AMENDMENT, ARTICLES OF ORGANIZATION **OF**

| | | 2024 APK - | 4 AM 0. 23 |
|---|---|---------------------------------------|------------------------|
| GABBIANO AI | IR CARGO LLC | | er e endê |
| GABBIANO Al (Name of the Limited Liability Compa (A Florida Limited | nny as it now appears Liability Company) | on our records, AHAS | SEE. FEORIDA |
| (| ,,, | | |
| The Articles of Organization for this Limited Liability Company | were filed on | 08/21/2023 | and assigned |
| Florida document numberL23000391269 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company her | <u>e</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the des | signation "LLC" or the ab | obreviation "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) | | <u> </u> | |
| | | · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | nddress on our rec | cords, <u>enter the</u> nam | e of the new registere |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Floria | 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 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.

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 3 of 5

4/4/2024 11:54

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 |
|--------------|----------------------|---------------------------------------|----------------|
| MBR | REGINA SANTOS QUISPE | CALLE PLACIDO MOLINA N 79 | IX }Add |
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| | | SANTA CRUZ- BOLIVIA, CP 00000 | □Change |
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| an effective o | date is listed, the date n date inscrted in this | nust be specific as | nd cannot be prio | r to date of fili | ng or more than | 90 days after | filing.) Pur | suant to 605 | 5.020 |
| | effective date on the | | | | ry ming requir | ements, ini | s date will | not be itsi | .cu a |
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| ated | April 03 | | 2024 | | | | | | |
| 4.4.4 | | | 24 | — ' , σ | . , | Ŧ | | | |
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| | | Signature of | Mayori S a member or aut | antos, T | rancisco (| nber | | | |