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Division of Corporations

Fax Number : (850)617-6383

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.

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NOV 1 5 2023

From: Luis Grillo

Fax: 18885334730

Fax: (850) 617-6381

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

	Y SERVICE LLC		
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears o	on our records.)	
(71 Mada pilina	o muonity company	08/21/2023	
The Articles of Organization for this Limited Liability Compa	ny were filed on		and assigned
Fiorida document numberL23000391867			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	:	
Hannah expo	ort import LLC		
The new name must be distinguishable and contain the words "Limited Lia		gnation "LLC" or the abbrev	riation "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)			
,			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the name of	
	15767 1 157 155 155 155 155 155 155 155 155		
	City	Florida	Zip Code
		•	op Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	te performance of m s provided for in Ch	v duties, and I am fam. apter 605, F.S. Or, if to	iliar with and his document is

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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Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
			_Add
			Remove
			☐ Change
			□Add
			Remove
			□ Change
		□∧dd	
		Remove	
		□Add	
		Remove	
			Change
		□∧dd	
		□ Remove	

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
==	
	
•	
E. Effective	date, if other than the date of filing: (optional)
Note: If the	date, if other than the date of filing:
f the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 13 , 2023 .
	Metender Diaz Ramon Marcin
	Signature of a member or authorized representative of a member
	MELENDEZ DIAZ RAMON MARTIN
	Typed or printed name of signee

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Fax: 18885334730

From: Luis Grillo

To:

Filing Fee: \$25.00