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···	To:	
	Division of Corporations	
	Fax Number : (850)617-6383	2024 FEB 13
	From:	H
	Account Name : LUPA ENTERPRISES INC	<u>,</u>
	Account Number : I20200000050	
	Phone : (727)298-8007	
	Fax Number : (305)397-0980	OF STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNECTUS GROUP LLC

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De: Luis Grillo

Fax. 18885334730

Рига:

Fax: (850) 617-6381

Pagina: 2 de 4 " 13/2/2024 09:52

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	US Group LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears inted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	08/28/2023	and assigned
Florida document numberL23000403062			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the ab	brevian 22 "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>	<u></u>	<u>α</u> <u>σ</u> <u>σ</u> <u>σ</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		\( \frac{1}{1} \)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
Name of the Weeksters (1981).			
New Registered Office Address:	Enter Flori	da street address	<u> </u>
		. Florida	
	Спу		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.

Dr.	1214	Gull	

Fax: 18885334730

Fak: (850) 617-6381

Pagina: 3 de 4 13/2/2024 09:52

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>	Name	Address	Type of Action
MGR	TAMARA ALEJANDRA ROGERS SUFAN	ALLIPEN NORTE 281	□Add
		LOS ANGELES,BIO BIO 44400-00 CL	⊠Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			2024 FEB 3 PH 12:
		D D	E □ Change □
			PHISTATE OF Move
			□Add
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			DChange
			□Add
			□Remove
			□ Change

De .	1214	Grillo	

De. Luis Grillo Fax: 18885334730

Para.

Fax. (850) 617-6381 Pagina: 4 de 4 13/2/2024 09:52

. п атепат	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	ZOZ4 FE	-17
	## <b>3</b>	-
<del></del>	Sign 19	M
	PH 12: 39 SSEE, FI	O
	<u> </u>	
If an effective Note: If the	ate, if other than the date of filing:	207 (3) as the
ne record spec ord is filed.	reifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
Dated	February 13 2024	
_	Tamara Alejandra Rogers Sufan Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	TAMARA ALEJANDRA ROGERS SUFAN	
_	Typed or printed name of signee	