(((H24000184694 3)))

Note: Playse print this page and use it as a cover sheet. Type the fax audit number



below) on the top and bottom of all pages of the document.

H240001846943ABC5

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

A CALLERY OF STATE

17 C C C C V C D 024 MAY 23 PM 12: L

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2801 45TH ST SW VD, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

M. SOLOMON MAY 2 4 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2801 45TH S (Name of the Limited Liability Compan (A Florida Limited Li	ST SW VD, LLC y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company with Florida document number			and assigr	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design:	ation "LLC" or the abbi	reviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			<u>_:::.</u>	202
Enter new mailing address, if applicable:			보 카 <u>건</u>	2024 HAY 23
(Mailing address MAY BE A POST OFFICE BOX)				<u>ස</u>
			10 TI	PH !
			0.2 1.1	 (
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our recor	ds, <u>enter the name</u>	of the new r	eristered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
	City	Florida	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:	City		sap Cour	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my o ovided for in Chap	duties, and I am fa ter 605, F.S. Or, ij	miliar with a Cthis docume	ınd

F	ro	m	:	Luis	Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 5

23/5/2024 11:47

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	URBAN DOMUS CONSTRUCTION LLC	3350 SW 148TH AV, SUITE 140	🗆 Add
		MIRAMAR, FL 33027	⊠Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
	· · · · · · · · · · · · · · · · · · ·		Remove
			□Change
			
			□Remove
			□Add
			🗆 Remove
			Change

). If amending	any other information,	enter change(s) here: (Atta	ch additional sheets, if nece	essary.)	
		2000			-
		- 1 - 1			_
					_
					_
					_
				-	_
					_
					- _2
				• • • • • • • • • • • • • • • • • • • •	2024 MA
				DW 44.55	1 Z3
				1,00	⊋ [1
				cb 7] S	
				-577	ω -
					_
(If an effective da <u>Note:</u> If the d	e, if other than the date ate is listed, the date must be sp late inserted in this block d Tective date on the Departi	secific and cannot be prior to date o oes not meet the applicable stat	(option of filing or more than 90 days after that the filing requirements, this	onal) filing.) Pursuant to 60 s date will not be lis	05.0207 (3)(b sted as the
the record specificated is filed.	fies a delayed effective date	, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated	May 23	2024			
		Fernando V	Valderrama		
	Signa	ture of a member or authorized rep			
			Valderrama		
		Typed or printed name	of signce		

Filing Fee: \$25.00