Elorida Department of State Division of Corporations

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To:

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.

Email Address: filings@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILLER'S COFFEE LLC

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NUV - 6 2023 Help

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

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3/11/2023 15:06

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

MILLER'S C	OFFEE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/06/2023	and assigned
Florida document numberL23000461709			
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 Liabil	ity Company," the de	signation "LLC" or the al	bbreviation "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)			· · · · · · · · · · · · · · · · · · ·
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			5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our re	cords, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:	Enton (Pani	da street address	
	enier viori	au mreet aaaress	
		, Florida	7. 7. 1
	City		Zip Code

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.

From: Luis Grilla

Fax: 18885334730

To:

Fax: (850) 617-6381

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

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR_	ANASTACIO AQUINO JEAN CARLOS	KM 17 VIA A LA COSTA MZ N SI 1	□Add
		GUAYAQUIL GUAYAS 09090-1 EC	🖾 Remove
			□Change
MGRM	DOLORES ELIZABETH LOOR VERA	LOMAS DE URDESA NO.552	🗀 Add
		GUAYAQUIL GUAYAS 09050-5 EC	□ Romove
			🗷 Change
			🗆 Add
			🗆 Remove
			[]Change
			🗆 Add
			Remove
			□Change
			□Add
			Remove
			Change
			🗆 Add
			□ Remove
			□Change

D. If amendi	ng any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
-		
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<u></u>		
 -		
		
	· · · · · · · · · · · · · · · · · · ·	
E. Effective of	late, if other than the date o	f filing: (optional)
(If an effective <u>Note:</u> If th	e date is listed, the date must be spec	citic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) is not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specrecord 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	October 27	
		Annstacio Aguno Tona Carlo:
•	Signatu	re of a member or authorized representative of a member
		ANASTACIO AQUINO JEAN CARLOS
-		Typed or printed name of signee

Fax: (850) 617-6381

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Fram: Luis Grillo

Fax: 18885334730

To:

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