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Florida Department of State Division of Corporations



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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.** Email Address: fillings@usacorporationservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SM GLOBAL TECH SOLUTIONS LLC

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Help

M. SOLOMON SEP - 3 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | h Solutions LLC | | |
|--|--|---|-------------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ay as it now appears o | n our records.) | |
| . 57 | auditty Company) | | |
| The Articles of Organization for this Limited Liability Company | he Articles of Organization for this Limited Liability Company were filed on | | |
| Florida document numberL23000467426 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here | : | |
| FIVEHN-Latan | n LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the desig | gnation "LLC" or the abb | reviation;"L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| • | | | - |
| (Principal office address MUST BE A STREET ADDRESS) | | | रुद्ध 😄 ¡ |
| | | | |
| 0.2 | | | OF S |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 38 |
| | | *** | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here; Name of New Registered Agent: | ddress on our reco | ords, <u>enter the name</u> | of the new registered |
| New Registered Office Address: | | | |
| | Enter Florida | street address | |
| | , Florida | | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my rovided for in Cha | duties, and I am fa opter 605, F.S. Or, ij | miliar with and this document is |

If Changing Registered Agent, Signature of New Registered Agent

| | | • |
|-------|------|--------|
| From: | Luts | Grilla |

Fax: 18885334730

Τo.

Fa*: (850) 617-6381

Page: 4 of 6

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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 |
|--------------|---------------------------|----------------------------------|----------------------|
| MGRM | Luis Alonso Canales Solis | Desvio a las 3 rosas, km 23, | [X]Add |
| | | calle a Cerro Grande casa No.23. | □Remove |
| | | Valle de Ángeles, MDC, Honduras | □Change |
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| D. If amending | g any other information, ent | er change(s) here: (A | ttach additional sheets, if n | evessary.) | | |
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| Note: If the | te, if other than the date of the late is listed, the date must be specificate inserted in this block does affective date on the Department | not meet the applicable s | (o) e of filing or more than 90 days a statutory filing requirements, | otional) fter filing.) Pursuant to 605, this date will not be liste | 0207 (3)(1 d as the | b) |
| If the record spec record is filed. | ifies a delayed effective date, bu | t not an effective time, a | t 12:01 a.m. on the earlier of: | (b) The 90th day after | the | |
| Dated | August 28 | 2024 | | | | |
| | S | Juazo Rodriguez Jo | ose Efrain Jr | | | |
| _ | | | representative of a member | | | |
| | St | JAZO RODRIGUEZ | JOSE EFRAIN JR | | | |
| | | Typed or printed nan | re of signee | · · · | | |

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