18/7/24, 12:59

Division of Corporations

Elorida Doparting nt el State
Division of Conforations
Elegtronic Filing Coverisheet

Note: Please print this page and use it as a cover sheet. The the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000244215 3)))



H240002442153,4£407

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)298-3007 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 THE ZON GROUP LLC

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

Electronic Filing Menu — Corporate Filing Menu

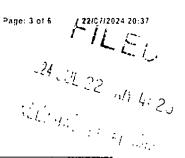
Help

K. SALY JUL 23 2024 Fax: +18885334730

To.

Fac: +18506176381

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ГЫ	Œ	70N	GROU	D	Π
ım	C	ZUIN	GRUU	\vdash	

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	ompany were filed on	10/25/2023	and assigned
Florida document number <u>L23000486911</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our re	cords, <u>enter the nam</u>	c of the new registe
Name of New Registered Agent:			
New Registered Office Address:	15 19	la street address	
	Citty	Florida	Zw 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.

From: Lyis

Fax: +16885334730

To.

Fax +18506176381

Page: 4 of 6

2210712024 20:37

□ 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	NICOLE STEPHANIE BRAVO RUBIO	CAMINO LOS ROSAS 85,MACHALI, REGION D	<u>)E</u> □Add
		OHIGGINS, CHILE 29100-00	⊠ Remove
			Change
MBR	BETY DEL CARMEN SANCHEZ	15151 HONEYCOMB HOLW	(XAdd
		LEANDER, TX. 78641	□Remove
			□Change
			□Add
			□ Remove
			□Change
			Add T
			Reshove
			— Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove

e From, Lips

Fax: +18885334730

To.

Far +18506176381

Page: 5 of 6 22/07/2024 20:37

							
			· · · · · · · · · · · · · · · · · · ·				
1						<u>.</u> 2. 9	<u>.</u>
					, , , , , , , , , , , , , , , , , , , ,		
			 -·				سُدُيْتُ
<u></u>						-	_ <u></u>
•							<u> </u>
	A CONTRACTOR OF THE CONTRACTOR						
							r
					···		 -
				***************************************			··
	******				· · · · · · · · · · · · · · · · · · ·		
t an effective d <u>Note:</u> If the c	te, if other than the da ate is listed, the date must be date inserted in this block ffective date on the Depa	specific and cann does not meet t	ot be prior to da he applicable	e of filing or mor	e than 90 days after.	filling.) Pursuant to	605.0207 listed as
e record speci rd is filed.	fies a delayed effective d	ate, but not an el	ffective time, :	it 12:01 a.m. or	the earlier of: (b') The 90th day:	ifter the
Dated	July 18	·	2024 .				