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	Division of Co	rporations	
	Fax Number	: (850)617-6383	
From:			21
	Account Name	: LUPA ENTERPRISES INC	32
	Account Number	: I20200000050	
	Phone	: (727)298-8007	2024 JAN
	Fax Number	: (305)397-0980	
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annu	al report mailin	gs. Enter only one email address please.**	
	Æ Ka	ngs@usacorporationservices.com	

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREAT USEFUL MARKET LLC

Certificate of Status	0
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From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

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

GREAT USEFUL MA	
( <u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file	d on11/03/2023 and assigned
Florida document number <u>L23000500135</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
	202
The new name must be distinguishable and contain the words "Limited Liability Compar	iy," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
	;
	<u> </u>
	ហ ហ
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
-	City	. Florida 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.

From: Luis Grillo Fax: 18885334730 Fax: (850) 617-6381 To: 31/1/2024 13:16 Page: 3 of 5 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 **Type of Action** <u>Title</u> <u>Name</u> Address MGRM LUZ MARINA GUALTEROS LEON CALLE 3 #4-60 ⊡∧dd CAJICA CUNINAMARA 25024-0 CO Remove Change JUAN PABLO CORREDOR CASTANEDA CALLE 3 #4-60 MBR ⊟∧dd 2024 CAJICA CUNINAMARA 25024-0 CO Remove Ś ☐ Change . MGR Calle 15 #2-37E Conjunto San Jose MARIA CRISTINA GUALTEROS LEON ଅନ୍ୟ ហ ហ Cajica, Colombia, CD 250240 Remove Change □Add Remove ⊡Add Remove Change □Add Remove Change

# D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ne record spo ord is filed.	ecifies a delayed effective dat	e. but not an effective	e time, at 12:01 a.m.	on the carlier of: (	b) The 90th day after t	ihe
Dated	January 31	2024	<b>1</b>			
			na Gualteros	Lesn		
-	C					

Signature of a member or authorized representative of a member

LUZ MARINA GUALTEROS LEON

Typed or printed name of signee

Filing Fee: \$25.00