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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

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Fax: (850) 617-6381

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13/12/2023 12:58

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANADEC 13 PH 2:03

JALU MARKET LLC

(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 Company	y were filed on	11/09/2023	and assigned
Florida document number <u>L23000509735</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabs	llity Company," the d	lesignation "LLC" or the al	obreviation "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)			<u>. </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Flor	rida street address	
		, Florida	
*****	Cuy		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: 16885334730

To:

Fax: (850) 617-6381

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13/12/2023 12:58

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
MGRM	DIANA CAROLINA PARRA RINCON	AV EL TEJAR #104-25 URBANIZACION	_ 🗆 Add
		FATIMA CS 13B FLORIDABLANCA	_ ® Remove
		SANTANDER 68100-1 CO	_ □Change
MGRM	JONATAN BENILDO ACUNA SAAVEDRA	AV EL TEJAR #104-25 URBANIZACIO	<u>V</u> □Add
		FATIMA CS 13B FLORIDABLANCA	🗆 Remove
		SANTANDER 68100-1 CO	_ (X)Change
			_ 🗆 🗆 Add
			_ Remove
			Change
			_ 🗆 🗅 Add
			_ Remove
			_
			_ □Add
			_ □Remove
			_
			_ 🗆 Add
			_ 🗆 Remove
			_ 🗆 Change

	
<u> </u>	
 -	· · · · · · · · · · · · · · · · · · ·
(If an effection Note: If t	date, if other than the date of filing:
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	December 13
Dated	

Fax: (850) 617-6381

Page: 5 of 5 13/12/2023 12:58

Fax: 18885334730

From: Luis Grillo

To:

Filing Fee: \$25.00

Typed or printed name of signee