From: Luis

20/8/24, 12:42



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I2020000050

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.

filings@usacorporationservices.com Email Address:__

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From: Luis

Fax: +18885334730

To:

Fax: +18506176381

Page: 3 of 5

20/08/2024 17:47

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ESCUELA DE NEG (Name of the Limited Liability Con (A Florida Limite	SOCIOS Y CONSUL	TORES LLC	
	(A Florida Limit	ed Liability Company)		
The Articles of Organization f	or this Limited Liability Compa	nny were filed on	11/13/2023	and assigned
Florida document number	L23000510225			25/2
This amendment is submitted	o amend the following:			• -
A. If amending name, enter	the new name of the limited li	iability company her	<u>5</u> :	
The new name must be distinguishal	ole and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the abt	oreviation "I.L.C."
Enter new principal offices a	ddress, if applicable:			1.0
(Principal office address MUS	<u>ST BE A STREET ADDRESS)</u>	<u> </u>		
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
			·	
B. If amending the registere agent and/or the new register Name of New Regist		ce address on our rec	ords, <u>enter the name</u>	of the new register
New Registered Offi	e Address:			
- Indiana Sin	<u> </u>	Enter Florida street address		
			, Florida	Zip Code
.		Cip_i		Zip Code
New Registered Agent's Signat	ure, if changing Registered Age	<u>nt:</u>		
provisions of all statutes rela accept the obligations of my	nent as registered agent and a utive to the proper and comple position as registered agent a white change in the registered offi writing of this change.	ete performance of m as provided for in Ch	y duties, and I am fo apter 605, F.S. Or, i	uniliar with and If this document is
	<u>ILC</u>	hanging Registered Agen	t, Signature of New Reg	istered Agent

From: Luis

Fax: +18885334730

To:

Fax. +18506176381

Page: 4 of 5

20/08/2024 17:47

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

Title	<u>Name</u>	Address	Type of Action
MGRM	La contadora SPA	Dir. padre mariano 253 of 6	[X] Add
		providencia, chile, 7500015	□Remove
			□Change
MBR	SEP <u>ULVEDA JORQUERA AURORA IS</u> ABEL	PADRE MARIANO 253 OF 6	_ ©∧dd
		SANTIAGO, PROVIDENCIA 75000-00 CL	
			ØChange
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			Remove
			□Change
			□Add
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			□Change

To:

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n effective dat	e, if other than the date of the is listed, the date must be spec- ate inserted in this block doe	ific and cannot be prior to	o date of filing or more to	optional (optional han 90 days after filing quirements, this date	j.) Pursuant to 605.02
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ecord specifi is filed.	es a delayed effective date. h	out not an effective tim	ne, at 12:01 a.m. on th	he earlier of: (h) T	he 90th day after th
ted	August 20	2024			
		Sepulveda Jorg	uera Aurora Isa	abel	
	Signatui	e of a member or authori			

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