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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 : (727)298-8007 Phone 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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEYTURBESORDO LLC

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Luciana Mordini 100 Se 2nd St, Suite 2000 Miami, FL 33131

May 21, 2024

To Florida Department of State

We are resending these documents, first send on May 16, 2024 because we still haven't received an aprovval.

Please send it as soon as posible.

Additional fax number: (305) 397 - 0980

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DE	EYTURBESORDO LLO	2		
	(Name of the Limited Liability (A Florida I	Company as it now appears	s on our records.)		
The Articles of Organization	for this Limited Liability Co	mpany were filed on	11/15/2023	and ass	signed
Florida document number	L23000514845				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limit	ed liability company her	<u>re</u> :		
The new name must be distinguished	able and contain the words "Limite	ed Liability Company," the de	signation "LLC" or the a	bbreviation "L	.L.C.
Enter new principal offices	address, if applicable:	,	-		
(Principal office address MU	<u>ST BE A STREET ADDRE</u>	ESS)			
Enter new mailing address,	if applicable:			<u>. </u>	<u></u>
(Mailing address MAY BE A	POST OFFICE BOX)				QD:
				13 133	
			-	- 5	4 ;
B. If amending the registere	ed agent and/or registered (office address on our re	cords, enter the nan		v registered
agent and/or the new registe	red office address here:			. –	
				<u>}:</u>	<u>m</u> .
Name of New Regis	tered Agent:		•	ျင္း	<u> </u>
				25	 .
New Registered Off	ice Address:	12 - 19 - 2		<u> </u>	—— ()
		rnter i toru	da street address		٠.
			, Florida		
		City		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

To.

Fax: (850) 517-6381

Page: 4 of 6

21/5/2024 12:34

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_	PABLO DE YTURBE SORDO	MONTANAS CALIZAS 450	□Add
		LOMAS DE CHAPULTEPEC	⊠ Remove
		CIUDAD DE MEXICO 11000	□Change
MGRM	DEYTUSOR	Carretera Picacho Ajusco 130, int 502	[37] Add
		Jardines en la montaña, Tlalpan	□Remove
		Ciudad de Mexico, CP 14210, Mexico	□Change
			□Add
			Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗖 Add
			🗆 Remove
			□Change
			□Add
			Remove
			ET 631

	any other information,				
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Note: If the da	e, if other than the date te is listed, the date must be sp ate inserted in this block do fective date on the Departn	oes not meet the appli	cable statutory filin	(option ore than 90 days after f g requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
the record specificant is filed.	ies a delayed effective date	, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	May 16	2024	<u> </u>		
	Signa	Pablo De	e Yturbe So.	rdo of a member	
	3.5				
		PABLO DE	YTURBE SOR	DO	