Florida Department of Sta

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LUPA ENTERPRISES INC

Account Number : I20200000050 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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FEB 0 1 2024

K. Brumbley

From: Luis Grillo *

Fax: 18885334730

Fax: (850) 617-6381

Page: 3 of 5

. A

31/1/2024 12:50

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HERME MG				
	Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears lity Company)	on our records.)		
The Articles of Organization fo	r this Limited Liability Company we	re filed on	11/16/2023	and ass	igned
Florida document numberl	L23000515858				
This amendment is submitted to	amend the following:				
A. If amending name, <u>enter t</u>	he new name of the limited liability	company her	<u>ī</u> :		
The new name must be distinguishable	le and contain the words "Limited Liability C	Company," the des	ignation "LLC" or the ab	breviation "L.	C."
Enter new principal offices ac	ddress, if applicable:				
(Principal office address MUS	T BE A STREET ADDRESS)				
	_				
Enter new mailing address, if					
(Mailing address MAY BE A F	<u> </u>				
	_		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or the new register	agent and/or registered office add ed office address here:	ress on our rec	ords, <u>enter the nam</u>	e of the new	registere
				20	
Name of New Registe	red Agent:				
New Registered Offic	e Address:			. Ján	
		Enter Florid	a street address	<u> </u>	
			Florida	<u> </u>	
		City		Zip Côde	•
New Registered Agent's Signatu	re, if changing Registered Agent:			\sim	

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) 617-6381

Page: 4 of 5

31/1/2024 12:50

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>	<u>Name</u>	Address	Type of Action
MBR	HERNANDEZ, MEJIA	BELO HORIZONTE 136B	□Add
		BOSQUES DE BANTHI	(X Remove
		SAN JUAN DEL RIO, QUERETARO 76804 MX	□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
		 	Change
			□Add
			🗆 Remove
			□Change
			□Add
			🗆 Remove
			□Change

ote: If the	date, if other than the date of filing:
record spec I is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	January 31 2024
-	Morales Guerrero Francisco J Signature of a member or authorized representative of a member
	MORALES GUERRERO FRANCISCO J
_	Typed or printed name of signee

Filing Fee: \$25.00