

From: Luis Grillo
28/10/24, 15:55

Fax: 18885334730

To:

Fax: (850) 617-6381

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28/10/2024 17:05

L2300542044

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JCIF ROSES EXPRESS LLC

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TALLAHASSEE, FL

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T. LEMIEUX
OCT 30 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCIF ROSES EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

12/07/2023

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L23000542544

This amendment is submitted to amend the following:

B. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

agent has been notified in writing of this change.

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 address

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.

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	TORRES COLLAGUAZO, CARLOS	ULLITSA KOROLEVA, 16 BELGOROD BELGORODSKAYA	<input type="checkbox"/> Add
		BELGOROD BELGOROD RUSSIA 30803-3 RU	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IVAN MATHEWS REYES JOSE	ULLITSA KOROLEVA 44 BELGOROD BELGORODSKAYA	<input type="checkbox"/> Add
		BELGOROD BELGOROD RUSSIA 30803-3 RU	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

