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To:

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN였습니 **ELANGELDIGITAL LLC**

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MAY 29 2024

[1]

From: Luis Grillo

Fax: 18885334730

Fax: (850) 617-6381

Page: 3 of 5

27/5/2024 12:59

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

dangoldigital LLC

2024 HAY 28 PM 2: 00

	elangeluigital LLC		
(Name of the Limite	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	02/15/2024	and assigned
Florida document numberL240000793			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de-	signation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		<del></del>
Enter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE I	<u></u>	·	
	<del></del>		<del></del>
B. If amending the registered agent and/or re	mietorad affias uddraw an aur va	pards antes the nomi	a a Caba massi manintani
agent and/or the new registered office addres	s here:	corus, <u>enter the name</u>	of the new registers
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	<del></del>
		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

From: Luis Grillo

Fax: 18885334730 To:

Fax: (850) 617-6381

Page: 4 of 5

27/5/2024 12:59

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
$\Delta MBR =$	Authorized Member

Title	Name	Address	Type of Action
MGR_	B <u>ORTOLAMEDI, ANGEL IGNACI</u> O	51 1312 LA PLATA	□Add
		LA PLATA BUENOS AIRES 1900 AR	⊠ Кспюче
			Change
_MGRM_	DANIEL RUBEN VILLARES	2200 N FEDERAL HWY	[⊠∧dd
		HOLLYWOOD, FL, 33020	□Remove
			Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	DChange
	<del></del>		DAdd
			□Remove
		<del></del>	□Change
			□Add
		<del></del>	Remove
			□Change
			□Add
			Remove

If amending	any other information, e	nter change(s) here:	(Attach additional s	heets, if necessary.)	
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If an effective da <u>Note:</u> If the d	e, if other than the date of the is listed, the date must be speciate inserted in this block door fective date on the Department	cific and cannot be prior to es not meet the applicab	date of filing or more tha le statutory filing requ	(optional) n 90 days after filing.) P irements, this date wi	ursuant to 605.0207 Ill not be listed as
e record specif rd is filed.	es a delayed effective date.	but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 9	90th day after the
Dated	MAY 27	2024	.•		•
		Bortolamedi,	Angel Ignacio	ę.	
-	Signatu	re of a member or authori	•		<del></del>
		BORTOLAMED  Typed or printed	I. ANGEL IGNACIO	<del> </del>	<u> </u>