(shown below) on the top and bottom of all pages of the document.

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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.\*\*:

filings@usacorporationservices.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNAL KAPRIL USA LLC

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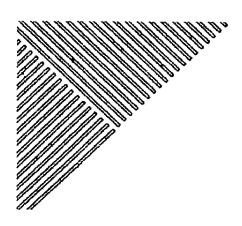
From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

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

May 09, 2024

To Florida Department of State

We are resending these documents, first send on May 06, 2024 because we still haven't received an aprovval.

Please send it as soon as posible.

Additional fax number: (305) 397 - 0980

From: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 3 of 6

9/5/2024 10:05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAPRIL USA LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on04/05/2024 and assigned	1
orida document number   24000159089	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L L.C."	
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	<del></del>
nter new mailing address, if applicable:	<del></del>
Tailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u> ent and/or the new registered office address here:	<u>istered</u>
Name of New Registered Agent:	<del></del>
New Registered Office Address:  Enter Florida street address	
. Florida	
City Zip Code	
Delice Advantage Control of the section Delice Advantage	

## 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) 617-6381

Page: 4 of 6

9/5/2024 10:05

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_	MARIA ALTAGRACIA FIGUEREO MORA	CALLE SEGUNDA NO. 04 KILOMETRO	□Add
		SANTO DOMINGO 11114 DO	Remove
			⊠Change
MGRM_	J <u>ULIA MARTIZA JIMENEZ DE COR</u> PORAN	CALLE 10 NO. 20 VILLA AURA	🗆 Add
		SANTO DOMINGO 10901 DO	□Remove
			⊠Change
	<del></del>		□Add
			🗖 Remove
			□Change
		TOTAL 201	🗆 Add
			□ Remove
			□Change
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f an effective date <b>Note:</b> If the dat		specific and cannot be does not meet the a	e prior to date of filing applicable statutory	or more than 90 days af	tional) ler filing.) Pursuant to 605. his date will not be liste	
e record specific rd is filed.	s a delayed effective da	te, but not an effec	tive time, at 12:01 ;	a.m. on the earlier of:	(b) The 90th day after	the
Dated	May 06	,;	2024 .			
		T 1: 31	<i>ritza Jimenez [</i> r authorized represen	Da Carrara		

Filing Fee: \$25.00

Typed or printed name of signee