11/12/24, 13:31

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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 LYL LOGISTICS LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYL LOGISTICS LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on	04/09/2024	and assigned
Florida document number <u>L24000163750</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	v here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the ab	breviation "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)		
		
B. If amending the registered agent and/or registered office address on ou	r records, <u>enter the nam</u>	e of the new regi
gent and/or the new registered office address here:		
Name of Many Deviatored Accept.		
Name of New Registered Agent:		***
New Registered Office Address:	Florida street address	<u>-</u>
	• · · · · · · · · · · · · · · · · · · ·	
City	Florida	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: +18506176381

Page: 4 of 5

11/12/2024 13:36

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
MGRM	Sebastian Lozada Martinez	8860 SW 123 CT K 202	(X) Add
		MIAMI, FL, 33186	Remove
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			🗀 Add
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			□Change
			□Add
			Remove
			Change
			□ Add
			Remove
			Change

To:

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Dated December 11 . 2024 .
Accordo Emiliano Leat.
Signature of a member or authorized representative of a member ACEVEDO EMILIANO LEAL
Typed or printed name of signee