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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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K. SALY AUG - 2 2024

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

FILED

AND AND AM 4: 11

FALLAHASSEE FLORID,

Top Legacy Logistics LLC

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

The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	04/15/2024	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	ere:		
The new name must be distinguishable and contain the words "Limited Lial	nility Company," the	designation "LLC" or the a	bbreviation "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 agent and/or the new registered office address here:	address on our i	records, <u>enter the nan</u>	ne of the new register	
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	rida street address		
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
I hereby accept the appointment as registered agent and ag	ree to act in this	capacity. I further ag	gree to comply with th	

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

Ta:

Fax: (850) 617-6381

Page: 3 of 5

1/8/2024 16:22

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>	Name	Address	Type of Action	
MGRM	R <u>OTTMANN JUAREZ, MARIA JU</u> LISSA	11 AVE 14-86 Z 10 EDIFICIO NIKO 10	_ □Add	
		GUATEMALA 01010	_ Петюче	
			_ 🛭 Change	
MBR_	SAUCEDO ROCA, WALTER ANIBAL	0 AVE A 4-12 RESIDENCIAL LOMA REAL	_ □Add	
		ZONA 8 GUATEMALA 01057	□ Remove	
			_ [X] Change	
			_ □Add	
			Remove	
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