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(((H24000271330 3)))



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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 RESIGN

## US EXPRESS GROUP LLC

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Help

4707 41 9NY  From: Luis Grato

Fax: 18885334730

ķ

To:

Fax: (850) 617-6381

Page: 3 of 5

13/8/2024 12:37

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Us Express			
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on ou ity Company)	r records.)	<del>····</del>
The Articles of Organization for this Limited Liability Company wer	e filed on	06/11/2024	and assigned
Florida document number <u>L24000261595</u>			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)			
<u> </u>			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<del></del>
_		- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	200
		· [1]	<u>≅</u>
3. If amending the registered agent and/or registered office addr	ess on our records	. <u>enter the hame (</u>	of the new regis
gent and/or the new registered office address here:			ವ 📜
		<u> </u>	P II
Name of New Registered Agent:	·	<u> </u>	
New Registered Office Address:			Ω.
	Enter Florida stre	et address i	
		Florida	
	Cuv		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.

Frein: Luis Grillo

Fax: 18885334730

To:

Fax: (850) 617-6381

Page: 4 of 5

13(8/2024 12:37

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MBR	FABIANA ISIS PARDO MONTANO	JOSE MOLINA 1760 COCHABAMBA CER	CADO □∧dd
		BOLIVIA 00000	⊠ Remove
			□Change
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To

Effective date, if other than the date of filing:						
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Juan Pablo Pardo Montano Signature of a member or authorized representative of a member	Dated	August 13				
Signature of a memory of mandifficed representative of a memory		Signati	Juan Pal	lo Pardo Mon	tano	<del></del>
		Signati	ac of a member of atapo	tizea representative or a	memoci	