

From: Luis Grillo
12/11/24, 10:24

Fax: +18885334730

To:

Fax: +18506176381

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Division of Corporations

L2400036307
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
EDUARMUNERA LLC

Certificate of Status	0
Certified Copy	0
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2024 NOV 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FL

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NOV 19 2024
T. LEMUEX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDUARMUNERA 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 Company were filed on 07/25/2024 and assigned
Florida document number L24000326307.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BIG STARS OF FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1900 N BAYSHORE DR. SUITE 1A #136

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33132

Enter new mailing address, if applicable:

1900 N BAYSHORE DR. SUITE 1A #136

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUPA ENTERPRISES INC.	100 SE 2ND STREET SUITE 2000	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		CARERA 40 #48-50	
MGRM	MUNERA ZAPATA, EDUAR P		<input type="checkbox"/> Add
		COPACABANA 05104-0 CO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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