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(((H250001134273)))



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From:

Account Name : LUPA ENTERPRISES INC

Account Number : 120200000050 Phone : (727)298-8007

\*\*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 RCB GROUP SECURE ARCHITECTURE, LLC

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

	ECURE ARCHITE		<del></del>
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	08/28/2024	and assigned
Florida document number <u>L24000377211</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited I	iability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS	5)		(3)
			#: #)
			27 =
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:		cords, <u>enter the nam</u>	
New Desistand Office Address	100 SE 2NI	O STREET, SUITE	200.
New Registered Office Address:	100 SE 2ND STREET, SUITE 200,  Enter Florida street address		
	MIAMI	Florida	33131
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered Agentic	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of i as provided for in C	my duties, and I am f hapter 605, F.S. Or.	amiliar with and if this document is
	Lucian	a Mordini	

If Changing Registered Agent, Signature of New Registered Agent

From-	I die	Gulla	

Fax: +18885334730

To:

Fax: +18506176381

Page: 4 of 5

27/03/2025 13:48

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
			□Add
			Remove
			□ Change
			□Add
			☐ Remove
			Change
		<del></del>	□Add
			Remove
			□ Change
	<del></del>	<del></del>	🗆 🗆 Add
			Петюve
			□Change
	<del></del>		□Add
			Петюче
			□ Change
			□∧dd
			Remove
			Chara

	<b>,</b>	nter change(s) here: (Attach additional sheets, if necessary)	
<del></del>			
<del>,</del>			
<del></del> .			
Note: If the	te, if other than the date of date is listed, the date must be spe date inserted in this block do offective date on the Departm	ffiling:	0207 (3) d as the
e record speci rd is filed.	ifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	March 27	2025	
		Cuello Buchans, Roberto I	
<del>_</del>	Signati	re of a member or authorized representative of a member	
		CUELLO BUCHAAR, ROBERTO J	
		Typed or printed name of signee	

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Page: 5 of 5 27/03/2025 13:48

From: Luts Grillo 🕝

Fax: +18885334730

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