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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.\*\*

filings@usacorporationservices.com Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR & DAUGHTERS LLC

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K. SALY JAN 16 2025

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 JAN 15 PH 2:51

	JGHTERS LLC		3881
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	s on our records.)	Sspring Loving
The Articles of Organization for this Limited Liability Company	were filed on	10/01/2024	and assigned
Florida document number <u>L24000415397</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1040 Sw 29 Ct Apto 815,		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida, 33135 , US		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		v 29 Ct Apto 815, Iorida, 33135 , US	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
<del></del>	City	, 1 101 1414	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 Grilla

Fax: +18885334730

To:

Fax: +18506176381

Page: 4 of 6

15/01/2025 13:03

\_ Change

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 = M $AMBR = A$	lanager authorized Member		<sup>2025</sup> JAN 15 PM 2:51	
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Note: If the	ate, if other than the date of date is listed, the date must be spe- edate inserted in this block do effective date on the Departm	es not meet the applicable			
the record spectord is filed.	cifies a delayed effective date,	but not an effective time.	at 12:01 a.m. on the carlic	er of: (b) The 90th day aft	er the
Dated	January 13.	2025			
_	Signat	Juan Jose Man ure of a member or authorize	tilla Valderrama d representative of a member		
	J	IUAN JOSE MANTI	LLA VALDERRAMA		

Typed or printed name of signee