Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHAIA USA LLC

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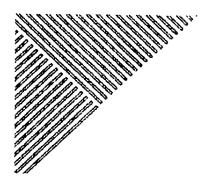
JUN 2 7 2025

Electronic Filing Menu Corporate Filing Menu

Help

Fix audit Sheet was generated June 26, 2025 There are No Rejects Prior too June 26, 2025

9



Luciana Mordini 100 Se 2nd St, Suite 2000 Miami, FL 33131

To Florida Department of State

We are resending these documents, first send on June 23, 2025 because we still haven't received an aprovval.

Please send it as soon as posible.

Additional fax number: (305) 397 - 0980

From: Luis Grillo

Fax: +18885334730

Τσ.

Fax: +18506176381

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pnge: 4 of 6	26/05/2025 11:22
2025	TILED WM 26 PM 2:55
MILLE	1.18 ST. ACKNO.

· · · · · · · · · · · · · · · · · · ·	SHAIA USA LLC	_	- 10 Property
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	11/22/2024	and assigned
Florida document number <u>L24000492297</u>	<u>_</u> .		<b>-</b>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here	:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amonding the mail to add a second of the second	1 . 66		e.i
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our reco	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		Florida	Zip Code
	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.

_					_	
H	ra	m:	1.	LIIS.	Gri	lla •

Fax: +18885334730

To.

Fax: +18506176381

Page: 5 of 6

26/06/2025 11:22

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>	<u>Name</u>	Address	Type of Action
MGRM	JOSE FLORES, CHRISTIAN	RODRIGUEZ PENA 301	□Add
		DESPENADEROS - CORDOBA 5121 A	<u>R</u> ⊠Remove
			□Change
MGRM	Candelaria Misael Payer	Cerro Colorado 177	XJ∧dd
		Córdoba, Argentina. CP:5105	Remove
			□Change
			□Add
			□Remove
			_ □Chinge
~~~~		<u></u>	DAdir 10 Adir 10 A
			Remove ?
			2: <b>5</b>
			□Add
			□Remove
			Change
			□ Add
			🗆 Remove
			Change

To:

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