

26/06/25, 10:17

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000492297

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.

(((H25000226873 3)))



H25000226873ABC2

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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
SHAIA USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

JUN 27 2025

2025 JUN 26 PM 12:45

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2025 JUN 26 PM 2:55

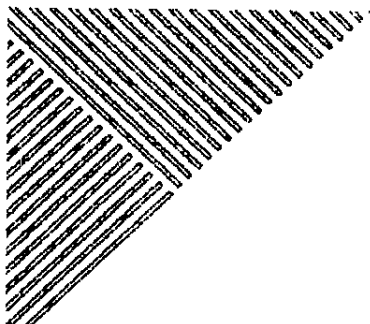
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Electronic Filing Menu

Corporate Filing Menu

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*Fax audit Sheet was generated June 26, 2025
There are no Rejects prior to June 26, 2025
KS*



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
approval.

Please send it as soon as posible.

Additional fax number: (305) 397 - 0980

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2025 JUN 26 PM 2:55
FALLA RISE, FLORIDA

~~SHAIA USA 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 11/22/2024 and assigned Florida document number L24000492297

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(iv)

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>
MGRM	JOSE FLORES, CHRISTIAN	RODRIGUEZ PENA 301	☐ Add
		DESPENADEROS - CORDOBA 5121 AR	☒ Remove
			☐ Change
MGRM	Candelaria Misael Payer	Cerro Colorado 177	☒ Add
		Córdoba, Argentina. CP:5105	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 26, 2025.

Monte De Oca Tomas

Signature of a member or authorized representative of a member

MONTE DE OCA TOMAS

Typed or printed name of signer