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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.

Email Address: filings@usacorporationservices.com

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T. LEMIEUX JAN 24 2025 From: Luis Grillo

Fax: +18885334730

To:

Fax: +18506176381

Page: 4 of 6

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IVEN C	CAMPAIGN MANAGE	EMENT LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	12/13/2024	and assigned
Florida document numberL24000519774	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
AIVEN Ca	ampaign Managemer	nt LLC	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)	_	
			267
Catan non-mailing address: if applicables			2075 J <i>i</i>
Enter new mailing address, if applicable:		w	=
Mailing address MAY BE A POST OFFICE BOX)		•	<u> </u>
			
B. If amending the registered agent and/or registered			
b. It amending the registered agent and/or registered agent and/or the new registered office address bere:	onice address on our re	corus, <u>enter the nam</u>	e of the new regis
			; *
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flori	Enter Florida street address	
		. Florida	
	City	, riorida	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.

Crom.	 Calle

MGR = Manager

Fax: +18885334730

To:

Fax. +18506176381

Page: 5 of 6

21/01/2025 15:35

□ 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:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		-	Change
		·	🗆 Add
		.	□Remove
			□Change
			□Add
			— □ Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			□ Remove

To:

		
		
		
n effective o ote: If the	ite, if other than the date of filing:	ant to 605,0207 of be listed as
ecord spec 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
ted	January 20 2025	
	Maria Eugenia Marin Hurtado	
_	Signature of a member or authorized representative of a member	<u> </u>
	MARIA EUGENIA MARIN HURTADO	
_	Typed or printed name of signee	

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