

L21006049201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

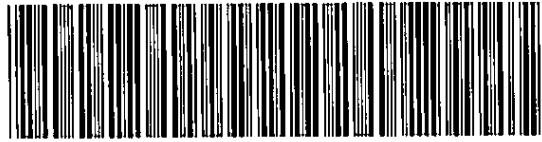
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21 MAR 12 AM 11:04

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HGO Development Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar F Torres
Name of Person

HGO Development Group, LLC
Firm/Company

539 Talavera RD
Address

Weston / Florida / 33326
City/State and Zip Code

H.G.developgroup@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar F Torres at (954) 348-7589
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE FLORIDA STATE
DIVISION OF CORPORATION

HGO Development Group, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 MAR 12 AM 11:04

The Articles of Organization for this Limited Liability Company were filed on 01/27/2021 and assigned Florida document number L21000049201.

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 _____

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.

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

SECRETARY OF STATE
DIVISION OF CORPORATION

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAR 12 AM 11:04	<u>Type of Action</u>
AMBR	<u>Henry A Torres</u>	<u>539 Talavera Rd</u>	<input type="checkbox"/>	Add
		<u>Weston, FL, 33326</u>	<input checked="" type="checkbox"/>	Remove
		_____	<input type="checkbox"/>	Change
AMBR	<u>Giovanni M Vasquez</u>	<u>1800 Aspen Ln</u>	<input type="checkbox"/>	Add
		<u>Weston, FL, 33326</u>	<input checked="" type="checkbox"/>	Remove
		_____	<input type="checkbox"/>	Change
AMBR	<u>Oscar F Torres</u>	<u>2641 N Flamingo Rd</u>	<input type="checkbox"/>	Add
		<u>APT 1202 N</u>	<input checked="" type="checkbox"/>	Remove
		<u>Sunrise, FL, 33323</u>	<input type="checkbox"/>	Change
MGRM	<u>Henry A Torres</u>	<u>539 Talavera Rd</u>	<input checked="" type="checkbox"/>	Add
		<u>Weston, FL, 33326</u>	<input type="checkbox"/>	Remove
		_____	<input type="checkbox"/>	Change
MGRM	<u>Giovanni M Vasquez</u>	<u>1800 Aspen Ln</u>	<input checked="" type="checkbox"/>	Add
		<u>Weston, FL, 33326</u>	<input type="checkbox"/>	Remove
		_____	<input type="checkbox"/>	Change
MGRM	<u>Oscar F Torres</u>	<u>2641 N Flamingo Rd</u>	<input checked="" type="checkbox"/>	Add
		<u>APT 1202 N</u>	<input type="checkbox"/>	Remove
		<u>Sunrise, FL, 33323</u>	<input type="checkbox"/>	Change

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

21 MAR 12 AM 11:04

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 03/09/2021



Signature of a member or ~~authorized representative~~ of a member

OSCAR F TORRES

Typed or printed name of signee