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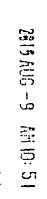
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COVER LETTER

Hugo Indus						
	tries LLC					
SUBJECT:Name of Limited Liability Company						
osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
turn all correspo	ndence concerning this matter	to the following:				
	Hugo F Garcia					
		Name of Person				
	4	Firm/Company				
	225 Navajo St.					
		Address				
	Miami Springs, FL 33166					
	hugoindustriesllc@gmail.co	City/State and Zip Code om				
	E-mail address: (1	to be used for future annual report notifi	ication)			
er information co	oncerning this matter, please ca	all:				
larcia (305 396-1114				
Name o	f Person		Telephone Number			
is a check for th	ne following amount:					
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)			
	er information contacts Farcia Name of the state of the	Articles of Amendment and fee(s) are subsurn all correspondence concerning this matter Hugo F Garcia 225 Navajo St. Miami Springs, FL 33166 hugoindustriesllc@gmail.co E-mail address: (er information concerning this matter, please confercia Name of Person is a check for the following amount: 10 Filing Fee	Address Miami Springs, FL 33166 City/State and Zip Code hugoindustriesllc@gmail.com E-mail address: (to be used for future annual report notifier information concerning this matter, please call: iarcia Name of Person City/State and Zip Code hugoindustriesllc@gmail.com E-mail address: (to be used for future annual report notifier information concerning this matter, please call: iarcia Name of Person The please call: iarcia Solution of Person The please call: iarcia City/State and Zip Code Daytime The please call: iarcia Solution of Person The please call: iarcia Solution of Person The please call: iarcia City/State and Zip Code Daytime The please call: iarcia Solution of Person The please call: iarcia Solution of Person The please call: iarcia City/State and Zip Code Daytime The please call: iarcia Solution of Person The please call: iarcia Solution of Person The please call: iarcia City/State and Zip Code Daytime The please call: iarcia City/State and Zip Code Daytime The please call: iarcia City/State and Zip Code Daytime The please call: iarcia City/State and Zip Code Daytime The please call: iarcia City/State and Zip Code Daytime The please call: iarcia City/State and Zip Code Daytime The please call: iarcia City/State and Zip Code Daytime The please			

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUGO INDUSTRIES LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	iability Company were filed on $\frac{0.00}{100}$	2/23/2019 and assigned
Florida document number 1.19000188817	······································	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	~~ ~~~?
		A Section 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	3 3
		<u> </u>
		<u> </u>
B. If amending the registered agent and	l/or registered office address o	n our records, enter the name of the n
registered agent and/or the new registered of	ffice address here:	
Name of New Registered Agent:	HUGO F GARCIA	
New Registered Office Address:	225 NAVAJO STREET	
-	Enter Flo	orida street address
	MIAMI SPRINGS	Florida 33166
	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 to 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BRITTANY K GARCIA	225 NAVAJO STREET MIAMI SPRINGS, FL 33166	
			🗀 Remove
			Change
			Remove
			Change
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Note: 1	we date, if other the ctive date is listed, the d f the date inserted in nt's effective date or	this block does n	iot meet the applica	able statutory fili	more than 90 days ng requirements	optional) after filing.) Pursuant , this date will not	to 605.0207 (be listed as t
the reco	ord specifies a de 90th day after th	elayed effectiv ne record is file	e date, but no ed.	t an effective	time, at 12:0)1 a.m. on the	earlier of:
Dated _	AUGUST 6		. 2019	·			
		ff.					
		Signature (of a member or author	orized representativ	e of a member		

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Filing Fee: \$25.00