L23000069126

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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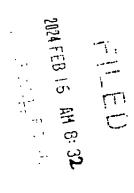


200423095242

LLC Amend

2024 FEB 16 PH 2: 26

A. RAMSEY FEB 21, 2024



402250,00,524,00671

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/16/2024		***	WALK	[N**
entity name Hogo	LLC		 -	
DOCUMENT NUMBER	R			
	PLEASE FILE TH	HE ATTACHED AND RETURN		
xxxxxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
	Certified Copy of Arts Certificate of Good Sta			
	APOSTILLE' / I	NOTARIAL CERTIFICATION	_	
COUNTRY OF DESTIN NUMBER OF CERTIFI				
\$35		ACCOUNT #: I20160000072		
TOTAL OWED \$35		S. R. F/H		
Please call Tina as	t the above number for	any issues or concerns. Thank you so muc	h!	



February 19, 2024

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

TALLAHASSEE, FL 32312

SUBJECT: HOGO LLC

Ref. Number: L23000069126

CORRECTED
Please Allow For
Same File Date

We have received your document for HOGO LLC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

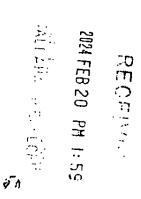
The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 924A00003598



COVER LETTER

TO: Registration Solivision of Co.			
OVD IF OF	Ho	90 LLC	
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub	- -	
Please return all correspondent	ondence concerning this matter	to the following:	
		Giorgio E Gian	1c 10
		Name of Person	
)	Hogo LCC	
		Firm/Company	· <u>·</u>
	4910	TOGO LCC Firm/Company TANYA Lee Cilcle	DAGE FL
		Address	
		DAVIE FL 3332	3
		City/State and Zip Code gio gionella @ gmail.	
		to be used for future annual report notifi	
For further information of	concerning this matter, please c	•	realion,
Giorgis	E. GIANello	at (1786 B30 Area Code Daysime	7696
Name o	of Person	Area Code Daysime	· Telephone Number
Enclosed is a check for t	he following amount:		
₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Sec Division of Com	
Division of C P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 FEB 16 AM 8: 32

Hogne	10	-0 16 AM 8: 32
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company)) SEPT STATE
The Articles of Organization for this Limited Liability Company v Florida document number <u>123000 69/26</u>	00/000	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SBI Willow Fu westen Fl	Bend 20
(Principal office address MUST BE A STREET ADDRESS)	westen Fl	3387
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	581 Willow in Weston FL	Berd RD 33322
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, enter th	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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>	Name	Address	Type of Action
MGR	Francis wo MiyASAto	4910 tanya Lec circle	□Add
		DANC FL	Remove
			□Change
M6R	Ricado Mingusuku	49/0 tmyA cicle Daviet	□Add
			ÇRemove
			Change
MGR	ALBerto DANA Missie	531 willow Bent RO	
		Weston #1 3372 >	🗆 Remove
			Change
MOR	DANIEL DANA ROFFE	531 41/10 Bend 41)	F Add
		Wester Fl 333LA	□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
_	
_	
_	
f an effec Note: If	e date, if other than the date of filing: (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a contract of the date on the Department of State's records.
record d is filed	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
Dated _	02/20/24
	Jan Star Star Star Star Star Star Star Star
	Signature of a member or authorized representativo of a member
	Giago E. GARELE
	Typed or printed name of signee

Filing Fee: \$25.00