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## **COVER LETTER**

	gistration Se rision of Cor			
SHDIEZT.	Dade Perm	itting & Company LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Roland Lugo		
		100.7	Name of Person	
			Firm'Company	
		3330 sw 21 st		
			Address	<del></del>
		Miami, Florida, 33145		
			City/State and Zip Code	
		rolandlugo@lugopainting.c		
For further is	nformation co	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	dication)
Roland Lug		,	305 5101890	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■ \$</b> 25.00 I	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)
	iling Address gistration S		<u>Street Address:</u> Registration Se	etion
_		orporations	Division of Cor	
P.C	D. Box 632	7	The Centre of T	Fallahassee
Tal	llahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dade Permitting & Company LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
ne Articles of Organization for this Limited Liability Company orida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ugo Holdings, LLC.		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable: 19225 Bel Aire Drive Cutler Bay Flo		tn-33157
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	; 19225 Bel Aire Drive Cutler Bay Flori	Ma 33157
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the nar</u>	ne of the new regis
Name of New Registered Agent.		- 11 - 2
New Registered Office Address:		39. 3
	Enter Florida street address , Florida	3
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent		0.2

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samantha Arrebola	3330 sw 21 st Miami Florida 33145	□Add
			Remove
			□Change
		<del></del>	UAdd
			⊡Remove
		<del></del>	□ Change
			□Add
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	date, if other the	an the date of filis	10/29/2024 ng:		(option	al)
Effective	ive date is listed, the d	late must be specific at	nd cannot be prior to	date of filing or more to	han 90 days after fil outroments, this d	ing.) Pursuant to 605,0207 ( ate will not be listed as t
If an effecti	t's effective date on	n the Department of	State's records.	ie statusory iring re	quirements, une c	and with the traced has t
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