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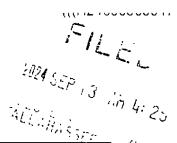
K. SALY

SEP 13 2024

COVER LETTER

	Registration S Division of Co			
econe		RUCHI LUGO LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enck	sed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@1NCFILE.CO	City/State and Zip Code M to be used for future annual report not	ilication)
For furthe	r information	concerning this matter, please ca	all:	
LOVETI	E DOBSON		at (8-462-3453 ne Telephone Number
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.0	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 Addre Registration Division of G P.O. Box 63 Fallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	LLUGO LLC by as it now appears on our reconstitute Company)	ACCARAGESTE 1564.		
The Articles of Organization for this Limited Liability Company v Florida document number L24000084775				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "Li	LC" or the abpreviation "i, L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	52 SE 9th Ave Ocala, FL 34471			
Enter new mailing address, if applicable:	52 SE 9th Ave			
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34471			

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Thereby 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.

City

If Changing Registered Agent,	Signature of New Registered Agent	

Enter Florida street address

_, Florida

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	Iker Urruchi	52 SE 9th Ave	□ Add
		Ocala, FL 34471	ElRemove
			■ Change
			🖸 Add
			Remove 7
			(Ali) Chánge
			□Add 7. 20 □Remove
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E. Effective date, if other than the off an effective date is listed, the date municipal of the date inserted in this bidocument's effective date on the D	st be specific and cannot be p lock does not meet the ap	rior to date of filing or dicable statutory fil	more man 90 days afte	er bling.) Pursuant to 60:	
If the record specifies a delayed effective econd is filed.	re date, but not an effective	e time, at 12:01 a.m	. on the earlier of: (b) The 90th day afte	r the
Dated September 09	2024				
17416-0					
·	Signature of a member or a	Van 1).	<i>[</i> .		

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