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TO:	Registration Sc Division of Cor			
CHIDID		GROUP PROJECTS USA LI	LC'	
30031	.c.r.	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CARLOS A PASTORIZA	HERMIDA	
			Name of Person	
		HERMIDA GROUP PRO	JECTS USA LLC	
			Firm/Company	
		2655 S. LE JEUNE ROAF	O STE #905	
		· · · · · · · · · · · · · · · · · · ·	Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	
		carlos@hermidagroupprojec		
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information co	oncerning this matter, please co	all:	
CARLO	OS A PASTORIZ	A HERMIDA	786 491-9875	
	Name of	Person	af () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
≣ \$25	5.00 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERMIDA GROUP PROJECTS (JSA LLC			
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited I forida document number 1.24000158913		4/04/2024	_ and as	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company l	here:		
he new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the abbre	viation "l	"L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)	(1 [†] 1)=-	2024	
		**************************************	HAY I	
Inter new mailing address, if applicable:			ဟ	<u> </u>
Mailing address MAY BE A POST OFFICE	BOX)	 ကိုင္	70	<u> </u>
		S	<u>:</u>	
			÷2	
3. If amending the registered agent and/or	registered office address on our	records, enter the name of		w register
gent and/or the new registered office addr	ess here:			
Name of New Registered Agent:	Jose M Marquina Soriano			
New Registered Office Address:	2655 LE JEUNE ROAD SUITE	# 905		
Ton Nagintalett Village Villagen.	Enter Fl	orida street address		<u>-</u> _

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.

City

CORAL GABLES

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: A692A5DE-3EAD-40FC-A557-B8426DEAF576 transcending 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
MGR	JORGE A GUILLEN CHENI	6240 SW 109 AVE, MIAMI, FL 33173	[] Add
			Remove
			Change
			🗀 Add
			=Remove
			□Change
			= Remove
			[_]Change
			□Add
			Петюче
			□Change
			□Add
			TRemove
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			ZRemove
			□Change

			
			
			
			
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	date of filing:	(optional)
ffective date, if other than the	the specific and cannot be prior to duck does not meet the applicable	ate of filing or more than 90 days after filing a statutory filing requirements, this dat	g.) Pursuant to 605.020 e will not be listed as
ffective date, if other than the an effective date is listed, the date mus Note: If the date inserted in this ble			
Affective date, if other than the lan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the December 1.	epartment of State's records.		
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Signer Events

CARLOS A PASTORIZA HERMIDA carlos@hermidagroupprojects.com

Security Level: Email, Account Authentication

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Signature

CARLOS A PASTONIZA HERMUDA

Signature Adoption: Pre-selected Style Using IP Address: 2.136.162.174

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Sent: 4/10/2024 10:34:09 AM Viewed: 4/11/2024 12:24:01 AM Signed: 4/11/2024 12:25:00 AM

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DON JOSÉ MARQUINA SORIANO

jose@marquinalack.com

Security Level: Email, Account Authentication

(None)

DON YOSÉ MARRIUM SORAND

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Sent: 4/10/2024 10:34:09 AM Resent: 4/15/2024 8:37:12 AM Viewed; 4/15/2024 8:37:57 AM Signed: 4/15/2024 8:38:26 AM

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Timestamp

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