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## **COVER LETTER**

Eugosgroup LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    JUDITH VILLARROEL   Name of Person		Registration S Division of Co			
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    JUDITH VILLARROEL	eup ira		ROUP LLC.		
Please return all correspondence concerning this matter to the following:    JUDITH VILLARROEL	SUBJEC	.1:	Name of Lin	nited Liability Company	<del></del>
Section   Status & Certified Copy (additional copy is enclosed)   Section   Section	The enclo	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Name of Person  LUGOSGROUP LLC  Fimi/Company  9421 SEAMAN ST  Address  ORLANDO FL. 32825  City/State and Zip Code lugosgroup01@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JUDITH VILLARROEL  Name of Person  at (  Area Code Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section	Please re	turn all corresp	ondence concerning this matter	to the following:	
LUGOSGROUP LLC    Firm/Company			JUDITH VILLARROEL		
Firm/Company  9421 SEAMAN ST  Address  ORLANDO FL. 32825  City/State and Zip Code lugosgroup01@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JUDITH VILLARROEL  786				Name of Person	<del></del>
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ORLANDO FL. 32825  City/State and Zip Code    lugosgroup01@gmail.com			9421 SEAMAN ST		
City/State and Zip Code   lugosgroup01@gmail.com				Address	
Ligosgroup01@gmail.com			ORLANDO FL. 32825		
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TUDITH VILLARROEL  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certificate of Status  Mailing Address: Registration Section  Registration Section	Live freely	ar information		·	infication)
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Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Certified Copy (additional copy is enclosed)  Street Address: Registration Section	Enclosed	is a check for	the following amount:		
Registration Section Registration Section	<b>■ \$</b> 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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		Division of 0	Corporations	Division of Co	rporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUGOSGROUP, LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our reco ty Company)	ords.)
The Articles of Organization for this Limited I Florida document number <u>L24000217459</u>	Liability Company were	filed on 05/09/2024	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "L	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		21 SEAMAN ST, ORLA	NDO F1., 32825
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:	94	21 SEAMAN ST, ORLA	NDO. FL 32825
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address.		ess on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:	JUDITH VILLARR	DEL.	
New Registered Office Address:	9421 SEAMAN ST	P Pl (1 p )	TT = 1
	ODLANUV	Enter Florida street ada	
	ORLANDO	·iiv	Florida 32825 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUDITH VILLARROEL	9421 SEAMAN ST, ORLANDO FL. 32825	<b>≘</b> ∧dd
			□Remove
			□Change
MGR	ANA FAIRFOOT	9421 SEAMAN ST, ORLANDO FL. 32825	
			⊡Кетюче
		<del></del>	☐ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

ective date, if other than the date of filing:    10/10/2024	NE	W FEI/EIN: 99-3428045
ective date, if other than the date of filing:    10/10/2024		
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Ludille Villarod.	cord sp s tiled.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Signature of a member or authorized representative of a member		October 12. 2024.
	ed	Dustle Villamad.

Filing Fee: \$25.00