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то:	Registration Se Division of Cor							
eun n		ONSTRUCTION LLC						
SUBJECT: Name of Limited Liability Company								
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		HUGO G SIBAJA						
			Name of Person					
		HUGO'S CONSTRUCTIO	ON LLC					
Firm/Company								
		228 COCONUT KEY WA	Y					
			Address					
		Port Saint Lucie Fl 34986						
		•	City/State and Zip Code					
drodriguez@truewayins.com								
		E-mail address: (to be used for future annual report notif	fication)				
For tur	ther information co	oncerning this matter, please c	all:					
Hugo (G Sibaja		561 3811919 at ()					
	Name of	f Person		e Telephone Number				
Enclos	ed is a check for th	ne following amount:						
≡ \$2	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	<u>s:</u>	Street Address:					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUGO'S CONSTRUCTION LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000230416	were filed on 05/17/2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	228 SW Coconut Key Way Port Saint Lucie Fl 3286
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	228 SW Coconut Key Way Port Saint Lacie Fl 34986
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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

Zip Code

DocuSign Envelope ID: DD7A47EE-3154-4D66-AFC7-526BA7C676FD in amenoning Authorized rerson(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	<u>Address</u>	Type of Action
AMBR	Jacqueline Madrigal Arias	228 SW Coconut Key Way . Port Saim Lucie FI 3498	6 _ ≘ Add
			_ □Remove
			_ □Change
			🗆 Add
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	cond member : Jacqueli	.	<u> </u>	. ·	<u> </u>
			 		
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	<u>.</u>				
			-		
L. Effective date, if o	other than the date o	of filing:		(optional	1
Note: If the date in	sted, the date must be spec serted in this block doe to date on the Departme	es not meet the applic	able statutory filing r	e than 90 days after filing requirements, this date) (.) Pursuant to 605.0207 (3)(to will not be listed as the
the record specifies a ecord is filed.	delayed effective date. b	but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
May 28		2024			
ратеа		· · · · · · · · · · · · · · · · · · ·	DocuSigne	d by:	
				1_	
	Signatu	re of a member or auth	orized representative of	I illember	

Typed or printed name of signee