# L25000205205

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## **COVER LETTER**

1 · · · · · · · · · · · · · · · · · · ·	(	COVER LETTER	
TO: Registration Sec Division of Corp			
SUBJECT: <u>HG</u>	Undergraund L Name of Lim	LC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Neg Ovinones Name of Person	
		Firm/Company	<del></del>
	3667 £ 200	Ave	
	Hialeah	FL 33013 CityState and Vin Code	
	proherma a	FL 33013 City/State and Zip Code 21 @gmai/. Com to be used for future annual report note	fication)
For further information ed	neerning this matter, please ca		
Hector Gom	ez avinones	at ( <u>786</u> ) <u>483 - 9</u> Area Code Daytim	6 Telephone Number
Enclosed is a check for th			
<b>★</b> \$25.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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HG Undergravn	Lity Company as it now appears on la Limited Liability Company)	2025 HAY 16 PM 4: 14
(Name of the Limited Liabi (A Floric	lity Company as it now appears on la Limited Liability Company)	our records.)
		/ / TALLAHA CE STATE
The Articles of Organization for this Limited Liability	Company were filed on <i>04</i>	/30/2025 illd assigned
Florida document number <u>L 25000305205</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds, enter the name of the new registered
The second secon		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
<u></u> .		Florida
	City	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 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 Type of Action <u>Address</u> <u>Title</u> Name | NOO 1/2 har Come Die of 24/3 5 and Am 1/2/2 15

MGK	Hector Gomez Winones	3667 E 2nd AVE Hialeah H. 33013	<b>≵</b> Add
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)  2025 HAY 16 PH
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<u>ote:</u> If	late, if other than the date of filing:
ecord is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after t
ited _	lay 1/ 2025
	Haul
	Signature of a member or authorized representative of a member
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