

Division of Corporations

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L12000095650
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HBC FACILITIES, LLC

Certificate of Status	0
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DEC 13 2012
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EXAMINER

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From: Calandrino Law Firm

407 601 4910

12/12/2012 15:25

#316 P.002/005

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HBC Facilities, 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:

Emily C. Johns

Name of Person

Calandrino Law Firm, P.A.

Firm/Company

301 E. Pine St., Ste. 950

Address

Orlando, FL 32257

City/State and Zip Code

amy@floridabusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily C. Johns

Name of Person

407 601-4905

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661, Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBC Facilities, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/23/2012 and assigned Florida document number L12000095650

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1540 International Parkway, Suite 2000

(Principal office address MUST BE A STREET ADDRESS)

Lake Mary, Florida 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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D. - If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 12 2012



Signature of a member or authorized representative of a member

Philip K. Calandrino

Typed or printed name of signee

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Filing Fee: \$25.00

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