Division of Corporations



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Τ	o	:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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S. PRATHER

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION & **OF**

HEBEXO LLC (Name of the Limited Liab)	ility Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Florida document number L1900034888 This amendment is submitted to amend the following: A. If amending name, enter the new name of the line	.	20 In Section 19 11 12:
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 -	, Florid	a

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.

Cnv

If Changing Registered Agent, Signature of New Registered Agent

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

• •

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Camillo Ricordi	7901 4th St N	
		STE 300	☐ Remove
		St. Petersburg, FL 33702	□ Change
AMBR	Marta Garcia	7901 4th St N	
		STE 300	□ Remove
		St. Petersburg, FL 33702	Change
			□ Add
		□ Remove	
			Change
			Remove
			Change
			Remove
			□ Change
			□ Add
			□ Remove
			Change

	Morgan Noble	Typed or printed name of signee	22 22 20 20 20 21 21 21	7019 FEB 26 PH 12: 01
Dated _	February 26	2019 re of a member of authorized representative of a member	TALL	937 0100
) The	90th day after the record Is	tive date, but not an effective time, at 12 filed.	:01 a.m. on the ear	lier of:
(If an effe Note: 1	we date, if other than the date o setive date is listed, the date must be spec of the date inserted in this block doeint's effective date on the Department.	ific and cannot be prior to date of filing or more than 90 das not meet the applicable statutory filing requirement	(optional) ys after filing.) Pursuant to 6 tts, this date will not be li	05,0207 (3)(isted as the
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Page 3 of 3

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