## A-97000001880

(Req	uestor's Name)	
(Add	ress)	<u>.</u>
(Add	ress)	
(City.	/State/Zip/Phone	#)
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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
AUG 19 2008
EXAMINER

## **COVER LETTER**

TO: Registration Division of	Section Corporations					
SUBJECT: H&B	GLOBAL LTD. ame of Florida Limited Par	rtnership or Limited L	iability Limited P	artnership)		
The enclosed Certif	icate of Amendment a	nd fee(s) are subm	itted for filing.			
Please return all cor	responden ce concernia	ng this matter to:				
	HASSAIN ISSA					
	(Contact Person)					
	H&B GLOBAL LTD.					
	(Firm/Company)					
	10135 SW 124 Street			-1 100 Terro 620		
	(Address)					
	MIAMI, FL 33176			SECHETARY		
	(City, State and Zip Code)			114R 114R 115R		
1				SEE 3		
For further informat	ion concerning this ma	atter, please call:		PH 2: 19		
LOWELL M. GOODE		at ( 954	581-0801	<u> </u>		
(Name of Con			and Daytime Tele			
Enclosed is a check	for the following amo	unt:				
✓ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Copy	y Certified	5 Filing Fee, Copy, and e of Status		
STREET ADDRES	SS:	МАП.Г	NG ADDRESS	<b>.</b> .		
Registration Section			tion Section	·-		
Division of Corporations		Division of Corporations				
Clifton Building		P. O. Box 6327				
2661 Executive Cen	ter Circle		see, FL 32314	ļ		
Tallahassee, FL 323	301		-			

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

H&B GL	OBAL LID.		4.
(Insert name currently on	file with Florida Departmen	nt of State)	-
adopts the following certificate of amendment to	ificate was filed with the Florida document number to its certificate of limit	e Florida Department of State erA97000001880	on 
This amendment is submitted to amend the following	i.		
A. If amending name, <u>enter the new name of there:</u>	e limited partnership or	limited liability limited partner	<u>ship</u>
H&B G	LOBAL OF SOUTH FL L	TD.	
(New name must be distingui	shable and contain an acc	eptable suffix.)	
Acceptable Limited Partnership suffixes: Limited Partne. Acceptable Limited Liability Limited Partnership suffixe.	s: Limited Liability Limited	Partnership, L.L.L.P., of LLLP	g ye iga kibi.       
B. If amending mailing address and/or prin principal office address here:  New Principal Office Address:  (Must be STREET address)	cipal office address, <u>er</u>	nter new mailing address and	<u>l/ōř</u>
New Mailing Address:  (May be post office box)  C. If amending the registered agent and/or registered agent and/or the new registered of		our records, enter the name of	f the
Name of New Registered Agent:	nee audites nere.		
New Registered Office Address:	(Enter Florido	a street address)	
	(C:L.)	, 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.

_							
(I	f Changing	Registered	Agent,	Signature	of New	Registere	d Agent)

D.	If	amending	the general	partner(s),	enter	the name	and	business	address	of each	general	partner	being
			d from our										-

<u>Title</u>	Name	<u>Address</u>	Type of Action
W <sub>0.1.1.2</sub>			Add Remove
			_ □ Add,
			□ Add 2: □ Remove 9
			_ □ Add □ Remove
			☐ Add☐ Remove
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other informatio	n, enter c	change(s) her	e: (Attach additional she	ets, if necessary.)
	C CI:			
Effective date, if other than the date (Effective date cannot be prior to nor more State.)	e of filling e than 90 d	3: days after the d	late this document is filed b	ny the Florida Department of
Signature(s) of a general partner	or all ge	eneral partn	ers*:	-1 1-2
(*NOTE: Only one current general partners	er is requir	red to sign this	document unless the limite	ed partnership is adding or
removing a "limited liability limited partn when adding or removing a "limited liabil	ership" ele	ection statemen	t. Chapter 620, F.S., requi	res all general partners to sign
	my minec	· parateromp	,	18 ARY ASSI
				PH
			<del></del>	- 65 P
-	<u>.</u>			<del></del>
Signature(s) of all new or dissoci	ating ger	neral partne	er(s), if any:	
	<del> </del>			
Filing Fee:	\$52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			