

LD4000052565

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EXAMINER



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FILED
11 JUL 28 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCB INVESTMENTS 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:

STEVE GIANFILIPPO

Name of Person

HCB INVESTMENTS LLC

Firm/Company

4830 WEST KENNEDY BLVD, SUITE 445

Address

TAMPA, FL 33609

City/State and Zip Code

office@reign-mg.com

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

For further information concerning this matter, please call:

STEVE GIANFILIPPO

Name of Person

at (813)

902-9038

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

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

HCB INVESTMENTS 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 07/12/2004 and assigned Florida document number L04000052565.

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:

(Principal office address MUST BE A STREET ADDRESS)

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

_____, 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 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

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

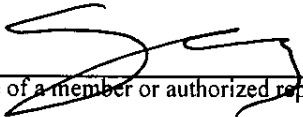
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FLIP HOLDINGS LLC	2024 COFFEE POT BLVD N.E. ST. PETERSBURG, FL 33704	☒ Add ☐ Remove
MGRM	ROBERT D. GRIES JR.	2620 SOUTH PARKVIEW STREET TAMPA, FL 33629	☒ Add ☐ Remove
MGR	AMOS CAPITAL & CONS	4010 PALMETTO PALM COURT TAMPA, FL 33624	☒ Add ☐ Remove
MGR	PASCUAL CAP GROUP	13606 WATERFALL WAY TAMPA, FL 33624	☒ Add ☐ Remove
MGR	ROBERT IBARRA	1705 16TH STREET TAMPA, FL 33605	☒ Add ☐ Remove
MGR	GRIES INV FUND LLC	4830 W KENNEDY BLVD, SUITE 445 TAMPA, FL 33609	☒ Add ☐ Remove

SEE ADDT'L PAGE

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

Dated JULY 27, 2011


Signature of a member or authorized representative of a member

STEVE GIANFILIPPO

Typed or printed name of signee

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:

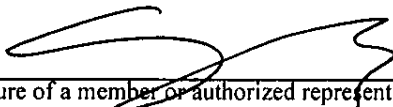
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GF ENTERTAINMENT LLC	4830 W KENNEDY BLVD. SUITE 445 TAMPA, FL 33609	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated JULY 27, 2011.



Signature of a member or authorized representative of a member

STEVE GIANFILIPPO

Typed or printed name of signee

Page ~~4~~ of ~~4~~
3 3

Filing Fee: \$25.00