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J. BRYAN
APR 2 1 2009
EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: HMB	Enterprises LLC		
	(Name of Lim	nited Liability Company)	•
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
•	Harry Bailey		TAREC SI TI
	Trainy Dalley	(Name of Person)	O9 APR 20 PH 4: 20 SECRETARY OF STATE TALL AHASSEE. FLORID
	HMB Enterprises LLC		SECOND PROPERTY.
		(Firm/Company)	FLOST
	2642 Greywall Ave		ALTE NATIONAL TO A STATE OF THE
		(Address)	
	Ocoee, FL 34761		·····
		(City/State and Zip Code)	
For further information	concerning this matter, please c	eall:	
Harry Bailey		at (<u>678</u> 887-7670	
(Name of Person)		(Area Code & Daytime Te	elephone Number)
	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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED PH 4:20
09 APR 20 PH 4:20
SECRETARY OF STATE A

HMB Enterprises 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 C	Company were filed on <u>01/25/2005</u>	and assigned	
Florida document number 1.0500007687	· +		
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, <u>enter the name of the new</u>	
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 **Title** Name **Address Type of Action** MGR Mike Smith 4700 Sheridan Street **≠** 7 Add Suit J Remove Hollywood, FL 33021 □ 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 April 16 2009 Signature of a member or authorized representative of a member Harry Bailey Typed or printed name of signee

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Filing Fee: \$25.00