

LO5000099801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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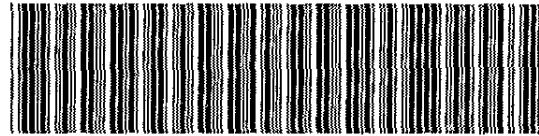
(Business Entity Name)

(Document Number)

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07 OCT -1 PM 1:26

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: H. B. SOLUTIONS 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:

HECTOR B. BENEDITO  
(Name of Person)

H. B. SOLUTIONS LLC  
(Firm/Company)

2031 West Atlantic Blvd Apt #208  
(Address)

POMPANO BEACH FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR B. BENEDITO at 954 317-8115  
(Name of Person) (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

FILED  
07/01/11 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H. B. SOLUTIONS LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/11/2005 and assigned document number L05000099801

SECOND: This amendment is submitted to amend the following:

ARTICLE V

DELETE: TITLE: MGRM

JOSE E. CORREA

2031 NW ATLANTIC BLVD SUITE #208

POMPANO BEACH FL 33069

ADD: TITLE: PRESIDENT- VICE PRESIDENT

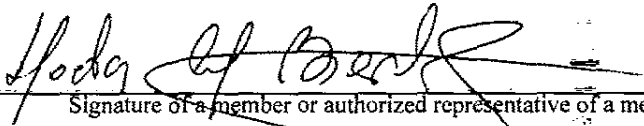
HECTOR B. BENEDITO

2031 NW ATLANTIC BLVD APT#208

POMPANO BEACH FL 33069

Dated

09/25/07



Signature of a member or authorized representative of a member

HECTOR B. BENEDITO

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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