

1000-222-0 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HBE 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:

Austin J. Dragoo

Name of Person

Sheftall & Torres, P.A.

Firm/Company

1 Independent Drive, Suite 3201

Address

Jacksonville, FL 32202

City/State and Zip Code

ADragoo@sheftalltorres.com

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

RECEIVED
15 MAR 20 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

For further information concerning this matter, please call:

Austin J. Dragoo

at (904) 638-3995

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2015

AUSTIN J DRAGOO
1 INDEPENDENT DRIVE STE 3201
JACKSONVILLE, FL 32202

SUBJECT: HBE LLC
Ref. Number: L06000063745

We have received your document for HBE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 815A00007003

15 APR 17 14:10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

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

HBE 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 06/22/2006 and assigned Florida document number L06000063745.

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)

RECEIVED
15 APR 17 PM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William L. Agricola	914 Atlantic Avenue, 2A	<input type="checkbox"/> Add
		Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Remove
MGR	William L. Agricola, II	914 Atlantic Avenue	<input checked="" type="checkbox"/> Add
		Suite 2-A	<input type="checkbox"/> Remove
		Fernandina Beach, FL 32034	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

APR 7 PM 1:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 18, 2015

Signature of a member or authorized representative of a member

John T. Sefton, Esq.

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
15 APR 17 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA