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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.

Account Number : I20090000020 Phone : (941)917-0505 Fax Number : (941)917-0506

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EDDII Address: NVasi Jeva bandlawgroup com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HBL HOLDINGS, LLC

| Certificate of Status | 0 |
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HBL HOLDINGS, LLC | |
|---|--|
| Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company) | ars on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on 0 | 2/10/2009 and assigned |
| Florida document number L09000013534 | ů, |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company ! | lete: |
| BEBK-SRQ, LLC | 23 |
| The new name must be distinguishable and contain the words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.I.G." |
| Enter new principal offices address, if applicable: | 27 |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> |
| | |
| | 77. 5 |
| Enter new mailing address, if applicable: | <u>-</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registered office address on our r agent and/or the new registered office address here: | records, enter the name of the new registered |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Flo | rida street address |
| | Vlanida |

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.

City

Zip Code

| If amending Authorized Person(s) authorized to manage | , enter the title, na | ame, and address | of each person | being added |
|---|-----------------------|------------------|----------------|-------------|
| or removed from our records: | · · | • | | |

| MGR = M AMBR = A | anager uthorized Member | | |
|---------------------|----------------------------|--------------|--------------------|
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| ffective date, if other than the date of filing an effective date is listed, the date must be specific and lote: If the date inserted in this block does not mocument's effective date on the Department of S | cannot be prior to date of filing or more than 90 days after filing.) Pursuant set the applicable statutory filing requirements, this date will not | t to 605.0207 (3 be listed as th |
| record specifies a delayed effective date, but not is filed. | n effective time, at 12:01 a.m. on the earlier of: (b) The 90th da | ıy ≢ffer the |
| ated February 27 | 2023 | |
| | embet or authorized representative of a member | |