110000028470

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300207996383

05/31/11--01003--006 **35.00

H JUN 24 AM 6: 54

D. BRUCE
JUN 27 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2011

BASSAM ABBASI 501 OHIO AVE. LYNN HAVEN, FL 32444

SUBJECT: HLBR, LLC

Ref. Number: L10000028470

We have received your document for HLBR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 211A00013739

850:377-0062 PANIA TALLAHASSEE FOR THE SERVICE OF THE S

ATTN: KHIVIM

COVER LETTER

, , ,	CO	VERTEITER				
TO: Registration 3 Division of Co						
	HLBE	R, LLC				
SUBJECT:		Liability Company	· ·			
The enclosed Articles of	of Amendment and fee(s) are submit	aed for filing.				
Ploase rotum all corres	condence concerning this matter to t	the following:				
	Ba	ISSAM Abbasi				
	HL?	3R, INC.				
		Pirm/Company				
	50	1 Ohio Auc. Address			JUN 24	e terrego je Ričejska
	Lyn	n Haven FL 324 Sity/State and Zip Code	<u>,44 - </u>	<u>∵</u>	24 A	-
	Rania _ E-mail address: (in ho	Abbasi Exhau Ca	<u>om</u>	型土: (±. ©:	
For further information	concerning this matter, please call:		•	1 9,		
Ranic	Albbasi of Portion	at (850) 277-006 Area Code & Daytimo Tele	2 or 201-887-31	12.		
Enclosed is a check for	the following amount:					
S25.00 Filing For	\$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & [Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclor	sed)		

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 Conter Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Hability Company (A Plorida Limited Lial	as it now uppears on our records.) pility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L1000023470</u> .	ere flied on and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	ty company here:
A. It streeting have a series the new harden title minimo habite	ta costBuil ders.
The new name must be distinguishable and end with the words "Limited"L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	501 Ohio Lue.
(Principal office address MUST BE A STREET ADDRESS)	Lynn haven FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JUN 24
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
	Sam Alohasi Ohio Aue Wan Haven Fi Enser Florida street address
Lynn	Dhio Aue Lynn Haven Fi Enser Florido street address Haven, Florida Fl 3244 City Zlp Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	te performance of my duties, and I am familiar with and ovided for in Chapter 608. F.S. Or, if this document is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

<u>Tîtle</u>	Name	Address	Type of Action
MGRM	Bassam Abbasi		Add Romove
			Add Remove
			Add Remove
			Add Remove
			Add Rcmove
			Add Remove
D. If amendi	ng any other information, enter ch	ange(6) here: (Attach additional sheets, if necess	ary.)
			11 JUN 2
Dated <u>6</u> /	127 11		
_		mbor or authorized representative of a member	
-	Ravia	Page 2 of 2 Filing Fee: \$25.00	

1/1 d 1/620965188788008L#9970675/9717110#51/650065190730001450#4674 10:30 17 00 1103