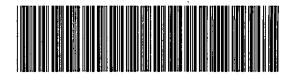
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COVER LETTER TO: **Registration Section Division of Corporations** HBM MACHINE, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HERIBERTO MEDINA Name of Person HBM MACHINE, LLC Firm/Company 721 NORTH DRIVE, SUITE F Address MELBOURNE, FL 32934 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBM MACHINE, LLC			
(<u>Name of the Limited Liability Company as it now appears</u> (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL10000061776	6/09/2010	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the words "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation "l	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	· .		
Enter new mailing address, if applicable:	, r P	ZGI4 BAN	11
Mailing address MAY BE A POST OFFICE BOX)		19 <u>19</u>	Angelia.
		757 73 22	<u> </u>
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter	<u>Éthe name</u> ယ	of the r
Name of New Registered Agent:			
New Registered Office Address:	·		
Enter Flor	ida street address . Florida		

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Title** <u>Name</u> **Address Type of Action** 721 NORTH DRIVE, STE F _ Add **HERNAN BERTIN** MGR MELBOURNE, FL 32934 1416 HAYWORTH CIRCLE NW MGR HERIBERTO MEDINA PALM BAY, FL 32907 ☐ Remove □ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove

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	late, if other than the date must be specific, can document is filed by the Fl			(optional) not be more than 90 days after
ate this				optional) ot be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00