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COVER LETTER

TO: Registration Section **Division of Corporations**

HLB Specialties, 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:

Melissa Hartmann de Barros

Name of Person

HLB Specialties, LLC

Firm/Company

1450 SW 6th Court

Address

Pompano Beach, FL 33069

City/State and Zip Code

usa@hlbspec.com

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

For further information concerning this matter, please call:

Melissa Hartmann de Barros at (954) 475-8808

Name of Person

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

HLB Specialties, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000069736</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		and assigned
The new name must be distinguishable and end with the words "Limited Liab		bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1450 SW 6TH COURT	
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33	069
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1450 SW 6TH COURT POMPANO BEACH, FL 33	069
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		the name of the new
New Registered Office Address:		To a
New Registered Office Address.	Enter Florida street address	
	, Florida City	Zip Code 35
	•	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TIMOTHY MEISSNER	1430 SW 6TH COUR	T_□ Add
		POMPANO BEACH, FL 3306	S9 ■ Remove
MGR	JENNIFER WALTON	1430 SW 6TH COURT	■ Add
		POMPANO BEACH, FL 3306	9 □ Remove
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the effective date must be specific, the date this document is filed by the dated JANUARY 2	cannot be prior to date of receipt or five Florida Department of State) 2014	led date and cannot be more than 90 days after
he effective date must be specific, the date this document is filed by the dated JANUARY 2	cannot be prior to date of receipt or five Florida Department of State) 2014	led date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00